

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**LIMITED LIABILITY
COMPANY
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED
SECRETARY OF STATE
DIVISION OF CORPORATION:

09 OCT 21 PM 1:06

DOCUMENT # L04000006516

1. Limited Liability Company's Name

E.V.SCREENS,LLC

100162035301
10/22/09--01004--008 **138.75
CR2E041 (10/08)

2. Principal Office Address - No P.O. Box #
10960 Beach Blvd

Suite, Apt. #, etc.

Suite, 4

City & State

Jacksonville FL

Zip
32250

Country
Duval

3. Mailing Office Address
1728 9th St North

Suite, Apt. #, etc.

City & State

Jacksonville Beach FL

Zip
32250

Country
Duval

4. State/Country of Formation
FL \ Duval

5. Date Organized or Qualified
To Do Business in Florida 01/23/04

6. FEI Number

Applied For

☒ Not Applicable

7. CERTIFICATE OF STATUS DESIRED ☐ \$5.00 Additional Fee required
for a Certificate of Status

8. Name and Address of Current Registered Agent

Name
Eric Whitaker

Street Address (P.O. Box Number is Not Acceptable)
1728 9th St North

Suite, Apt. #, Etc.

City
Jacksonville Beach

State
FL

Zip Code
32250

☒ A \$100 reinstatement fee is imposed, except
in circumstances which the entity did not
receive the prior notices. By checking this
box, you are certifying the prior notices were
not received and requesting the \$100
reinstatement be waived.

9. I, being appointed the registered agent of the above named limited liability company, am familiar with and accept the obligations of Chapter 608, F.S.

Signature of
Registered Agent

REGISTERED AGENT MUST SIGN

Date 5/3/09

10. Names and Street Addresses of Managing Members/Managers

Titles	Name of Managing Members/Managers	Street Address of Each Managing Member/Manager	City / State / Zip
MGR	Wayne Fortes	5521 RICKER Rd	JAX FL 32244

REINSTATEMENT

11. I certify that I am managing member/manager or the receiver or trustee empowered to execute this application as provided for in chapter 608, F.S. I further certify that when filing this reinstatement application the reason for dissolution has been eliminated, the limited liability company name satisfies the requirements of section 608.408, F.S., and that all fees owed by the limited liability company have been paid. The information indicated on this application is true and accurate, and my signature shall have the same legal effect as if made under oath.

Signature of
Managing Member/Manager

Date

Daytime Phone# (404)921-8411

Typed or printed name of signing Managing Member/Manager **Eric Whitaker**