


**PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.**

<b>LIMITED LIABILITY COMPANY REINSTATEMENT</b>		 <b>FLORIDA DEPARTMENT OF STATE</b> Secretary of State DIVISION OF CORPORATIONS		<b>FILED</b> <b>09 APR 21 AM 8: 58</b> <b>SECRETARY OF STATE</b> <b>TALLAHASSEE FLORIDA</b>  <b>000147952800</b> 05/06/09--01016--015 **138.75 <i>[Handwritten signature]</i> 03/25/09 (10/08)	
<b>DOCUMENT # L04000006603</b>					
<b>1. Limited Liability Company's Name</b>  <b>Daniel Brittain Finish Carpentry L.L.C.</b>					
<b>2. Principal Office Address - No P.O. Box #</b> <b>534 Fort Smith Blvd.</b>			<b>3. Mailing Office Address</b> <b>2047 Rocky Hill Rd.</b>		
Suite, Apt. #, etc.			Suite, Apt. #, etc.		
<b>City &amp; State</b> <b>Deltona fl</b>		<b>City &amp; State</b> <b>Deltona fl</b>			
<b>Zip</b> <b>32738</b>	<b>Country</b> <b>U.S.</b>	<b>Zip</b> <b>32738</b>	<b>Country</b> <b>U.S.</b>		
<b>4. State/Country of Formation</b> <b>florida u.s.a.</b>			<b>5. Date Organized or Qualified To Do Business in Florida</b> <b>January 26 2004</b>		
<b>6. FEI Number</b> <b>20-0643777</b>			<input type="checkbox"/> Applied For <input type="checkbox"/> Not Applicable		
<b>7. CERTIFICATE OF STATUS DESIRED</b> <input checked="" type="checkbox"/>			<b>\$5.00 Additional Fee required for a Certificate of Status</b>		
<b>8. Name and Address of Current Registered Agent</b>					
<b>Name</b> <b>Daniel Brittain</b>					
<b>Street Address (P.O. Box Number is Not Acceptable)</b> <b>2047 Rocky Hill Rd.</b>					
Suite, Apt. #, Etc.					
<b>City</b> <b>Deltona</b>		<b>State</b> <b>FL</b>	<b>Zip Code</b> <b>32738</b>		
<b>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.</b>					
<b>Signature of Registered Agent</b> <i>[Handwritten Signature]</i>				<b>Date</b> <b>03/25/09</b>	
<b>REGISTERED AGENT MUST SIGN</b>					
<b>10. Names and Street Addresses of Managing Members/Managers</b>					
<b>Titles</b>	<b>Name of Managing Members/Managers</b>	<b>Street Address of Each Managing Member/Manager</b>		<b>City / State / Zip</b>	
<b>MGRM</b>	<b>Daniel Brittain</b>	<b>2047 Rocky Hill Rd.</b>		<b>Deltona Fl. 32738</b>	
<b>L. SELLERS</b>					
<b>APR 22 2009</b>					
<b>EXAMINER</b>					
<b>REINSTATEMENT</b>					
<b>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 608.406, 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.</b>					
<b>Signature of Managing Member/Manager</b> <i>[Handwritten Signature]</i>				<b>Date</b> <b>03/25/09</b> <b>Daytime Phone #</b> <b>(407)936-4481</b>	
<b>Typed or printed name of signing Managing Member/Manager</b> <b>Daniel Brittain</b>					