

LIMITED LIABILITY
COMPANY
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED

2007 MAR -9 AM 9:31

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

CR2E041 (1/07)

DOCUMENT # L 04000012240

1. Limited Liability Company's Name

NFI Custom Carpentry LLC

2. Principal Office Address - No P.O. Box

167 SW Ainsley Blvd

Suite, Apt. #, etc.

3. Mailing Office Address

(same)

Suite, Apt. #, etc.

City & State

Lake City

Zip

County

City & State

FL

Zip

Country

32024

4. State/Country of Formation

Florida

5. Date Organized or Qualified
To Do Business In Florida

2/16/04

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

Edward F. Gray

Street Address (P.O. Box Number is Not Acceptable)

167 SW Ainsley Blvd

Suite, Apt. #, Etc.

City

Lake City FL

State

FL

Zip Code

32024

☒ 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

Edward F. Gray

REGISTERED AGENT MUST SIGN

Date

3/7/07

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
Manager	Edward Gray	167 SW Ainsley Blvd	Lake City FL 32024

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03/14/07--01045--025 **155.00

REINSTATEMENT 05-07

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.

Signature of
Managing Member/Manager

Edward F. Gray

Date

3/7/07

Daytime Phone #

352 752 7369

Typed or printed name of signing Managing Member/Manager

Edward Gray