

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 CORPORATIONS

06 SEP 22 AM 10:07

DOCUMENT # L04000012586

1. Limited Liability Company's Name

Ricky CRAWFORD FRAMING Unlimited LLC  
PO Box 2002  
LAKE CITY FL 32056-2002

2. Principal Office Address

3. Mailing Office Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. State/Country of Formation

Florida

5. Date Organized or Qualified  
To Do Business in Florida

02/04/2004

6. FEI Number

20-0717018

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

Richard C Crawford

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

1964 S.W. Cypress Lake Rd

Suite, Apt. #, Etc.

City

LAKE CITY FL

State

FL

Zip Code

32024

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

Richard C. Crawford - [Signature]

REGISTERED AGENT MUST SIGN

Date

9/21/06

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	Richard C. Crawford	1964 SW CYPRESS LAKE RD	LAKE CITY FL 32024
			10008046081 10/04/06--01037--002 **200.00

REINSTATEMENT 05-06

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

[Signature]

Date

9/21/06

Daytime Phone #

386-867-0221

Typed or printed name of signing Managing Member/Manager

Richard C. CRAWFORD