

2006 LIMITED LIABILITY COMPANY REINSTATEMENT


FILED

2006 DEC 29 AM 11:55

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # L04000036099

1. Entity Name
ARROWHEAD CARPENTRY & CONSTRUCTION, LLC



Principal Place of Business
3225 CONNIE DR
TALLAHASSEE, FL 32311

Mailing Address
3225 CONNIE DR
TALLAHASSEE, FL 32311

2. Principal Place of Business
175 HICKORY AVE
Suite, Apt. #, etc.

3. Mailing Address
175 HICKORY AVE
Suite, Apt. #, etc.

City & State
CRAWFORDVILLE FLA

City & State
CRAWFORDVILLE

Zip
32327

Country
WAKULLA

Zip
32327

Country
WAKULLA

6. Name and Address of Current Registered Agent
LEWIS, DEBRA K
3225 CONNIE DR
TALLAHASSEE, FL 32311

7. Name and Address of New Registered Agent
Name
ANDREW L. LEWIS
Street Address (P.O. Box Number is Not Acceptable)
175 HICKORY AVE
City
CRAWFORDVILLE FL Zip Code
32327

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

SIGNATURE *Andrew Lewis*
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

FILE NOW!!! FEE IS \$50.00
After January 1, 2007, Fee will be \$100.00

In accordance with s. 607.193(2)(b), F.S., the limited liability company did not receive the prior notice.

Make check payable to
Florida Department of State

9. MANAGING MEMBERS/MANAGERS		10. ADDITIONS/CHANGES	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM LEWIS, ANDREW L 3225 CONNIE DR TALLAHASSEE, FL 32311 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition 000082944150 01/03/07--01007--005 **50.00
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM LEWIS, DEBRA K 3225 CONNIE DR TALLAHASSEE, FL 32311 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

11. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am a managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

SIGNATURE: *Andrew L. Lewis* 12-29-06
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #