

L04000036922 FILED
PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**LIMITED LIABILITY
COMPANY
REINSTATEMENT**



2006 MAR 28 PM 1:00

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT #

1. Limited Liability Company's Name

MODULAR CASEWORK INSTALLATION, LLC

400068832984

2. Principal Office Address

4611 C.R. 300

3. Mailing Office Address

SAME

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

LK. PANASOFFKEE, FL

City & State

Zip

33538

Country

SUMTER

Zip

Country

US

4. State/Country of Formation

FLORIDA

5. Date Organized or Qualified
To Do Business in Florida

05/14/2004

6. FEI Number

43-2053287

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

CORPORATION SERVICE COMPANY

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

1201 HAYS STREET

Suite, Apt. #, Etc.

City

TALLAHASSEE

State
FL

Zip Code
32301

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

Lamar R. Dargatzis
REGISTERED AGENT MUST SIGN

Date 3/28/06

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	CLYDE E. ENDICOTT JR.	4611 C.R. 300	LK. PANASOFFKEE FL 33538

REINSTATEMENT 2005-2006

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

Clyde E. Endicott Jr.

Date 03-08-06

Daytime Phone # 352-461-4468

Typed or printed name of signing Managing Member/Manager

Clyde E. Endicott Jr.



CORPORATION SERVICE COMPANY

L040000036922

ACCOUNT NO. : 0721000000032

REFERENCE : 942284 7435213

AUTHORIZATION

COST LIMIT \$ 200.00

[Signature]

2006 MAR 28 PM 1:00
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

FILED

ORDER DATE : March 24, 2006

ORDER TIME : 10:11 AM

ORDER NO. : 942284-005

CUSTOMER NO: 7435213

DOMESTIC FILINGS

BK

NAME: MODULAR CASEWORK INSTALLATION,
LLC

XX REINSTATEMENT

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

XX PLAIN STAMPED COPY

CONTACT PERSON: Heather Chapman - Ext# 2908

EXAMINER'S INITIALS

RECEIVED
06 MAR 28 AM 10:45
TALLAHASSEE, FLORIDA
SECRETARY OF STATE