

**LIMITED LIABILITY
COMPANY
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

1. Limited Liability Company's Name

RL CARPENTRY LLC.

900138129059
11/20/08--01008--023 **282.50

CR2E041 (10/08)

2. Principal Office Address - No P.O. Box #
274 BAYOU CIRCLE

Suite, Apt. #, etc.

3. Mailing Office Address
274 BAYOU CIRCLE

Suite, Apt. #, etc.

City & State _____
FREEPORT, FLORIDA

City & State _____
FREEPORT, FLORIDA

Zip
32439

Country
WALTON

Zip
32439

Country
WALTON

4. State/Country of Formation
WALTON COUNTY FLORIDA

5. Date Organized or Qualified To Do Business in Florida 11-14-08

6. FEI Number
179740839

<input checked="" type="checkbox"/>	Applied For
<input type="checkbox"/>	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
RYAN M ROBINSON

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

Suite, Apt. #, Etc.

City
FREEPORT

State	Zip Code
FL	32439

☒ 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**

Ryan M Robinson
REGISTERED AGENT MUST SIGN

Date 11-14-08

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
PRES	RYAN M ROBINSON	274 BAYOU CIRCLE	FREEPORT, FLORIDA 32439

FILED

NOV 20 P 12:17
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

REINSTATEMENT 2007-2008

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**

Ryan M Robinson Date _____
RYAN M ROBINSON

11-14-08

Daytime Phone# **610-620-3977**

Typed or printed name of signing Managing Member/Manager RYAN M ROBINSON