

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

LIMITED LIABILITY
COMPANY
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED

2008 APR 10 P 12:4

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # 204 00000 51068

1. Limited Liability Company's Name

Cecil R. Ellis Roofing Company, LLC

CR2E041 (12/07)

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

521 N. Alcaniz Street

Suite, Apt. #, etc.

City & State

Pensacola, FL

Zip

32501

Country

USA

3. Mailing Office Address

521 N. Alcaniz Street

Suite, Apt. #, etc.

City & State

Pensacola, FL

Zip

32501

Country

USA

4. State/Country of Formation

FL/USA

5. Date Organized or Qualified
To Do Business in Florida

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

Cecil R. Ellis

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

521 N. Alcaniz Street

Suite, Apt. #, Etc.

City

Pensacola

State

FL

Zip Code

32501

☒ 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

Cecil R. Ellis

REGISTERED AGENT MUST SIGN

Date 03/26/2008

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
MGRM	Cecil R. Ellis	521 N. Alcaniz Street	Pensacola, FL 32501

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

Cecil R. Ellis

Date 03/26/2008

Daytime Phone # 850-332-6496

Typed or printed name of signing Managing Member/Manager

Cecil R. Ellis

300122770313
04/10/08--01004--002 **238.75
REINSTATEMENT 06-08