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

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DOCUMENT # L0400053245   *L040000 53245*

1. Limited Liability Company's Name

BW INSULATION

70007466413T
05/16/06--01029--011 **200.00

CR2E041 (8/05)

2. Principal Office Address	**3.** Mailing Office Address	
1605 BRYNMAWR ST.	1605 BRYNMAWR ST.	**4.** State/Country of Formation FLORIDA USA
Suite, Apt. #, etc.	Suite, Apt. #, etc.	**5.** Date Organized or Qualified To Do Business in Florida 7/19/2004
City & State ORLANDO FL.	City & State ORLANDO FL.	**6.** FEI Number 310000164 ☐ Applied For ☐ Not Applicable
Zip 32804 / Country USA	Zip 32804 / Country USA	**7.** CERTIFICATE OF STATUS DESIRED ☐ $5.00 Additional Fee required for a Certificate of Status

8. Name and Address of Current Registered Agent

Name
BRETT WILSON

Street Address (P.O. Box Number is Not Acceptable)
1605 BRYNMAWR ST.

Suite, Apt. #, Etc.

City ORLANDO	State FL	Zip Code 32804

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 _____
REGISTERED AGENT MUST SIGN

Date 4/12/06

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
MM	DWAYNE WILSON	5745 S. SANFORD AVE.	SANFORD FL.
		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 _____   Date 4/13/06   Daytime Phone # 407-687-9850

Typed or printed name of signing Managing Member/Manager _____