

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

FILED
07 SEP -7 AM 10:55
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

**LIMITED LIABILITY
COMPANY
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # L04000053808

1. Limited Liability Company's Name

South Florida Woodworking, LLC

BK

CR2E041 (1/07)

2. Principal Office Address - No P.O. Box #
642 SE Portage Avenue

3. Mailing Office Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State
Port St. Lucie FL

City & State

Zip
34984

Country
St. Lucie

Zip

Country

4. State/Country of Formation

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
Mark Brechbill

Street Address (P.O. Box Number is Not Acceptable)
215 South Federal Highway

Suite, Apt. #, Etc.
Suite 100

City
Stuart

State
FL

Zip Code

☒ 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

V.Hawk

Mark Brechbill, By V.Hawk as atty-in-fact

Date 9/7/07

REGISTERED AGENT MUST SIGN

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	Michael T. Dunn	642 SE Portage Avenue	Port St. Lucie FL 34984
			70010958857 09/18/07--01059--017 **100.00

REINSTATEMENT 2006-2007

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

V.Hawk

Date 9/7/07

Daytime Phone # 561-694-8107

Typed or printed name of signing Managing Member/Manager

Michael T. Dunn, by V.Hawk as-atty-in-fact