

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

06 SEP 22 AM 10:07

DOCUMENT # L04000057514

1. Limited Liability Company's Name

F-4 RESTORATION, LLC

CR2E041 (8/05)

2. Principal Office Address

17507 NW 94th Ave

Suite, Apt. #, etc.

3. Mailing Office Address

17507 NW 94th Ave

Suite, Apt. #, etc.

City & State

Alachua FL

Zip 32615

Country

USA

City & State

Alachua FL

Zip 32615

Country

USA

4. State/Country of Formation

FL - USA

5. Date Organized or Qualified
To Do Business in Florida

2004

6. FEI Number

743077716

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

DEBRA L. FAULKNER

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

17507 NW 94th Ave

Suite, Apt. #, Etc.

City

Alachua

State

FL

Zip Code

32615

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

Debra L. Faulkner
REGISTERED AGENT MUST SIGN

Date

9-19-2006

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	JOE S. FAULKNER	17507 NW 94 th Ave	Alachua FL 32615
VP	JON R. FAULKNER	17507 NW 94 th AVE	Alachua FL 32615

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10/04/06--01037--004 **205.00

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

Joe S. Faulkner

Date

9-19-2006

Daytime Phone #

352-514-6133

Typed or printed name of signing Managing Member/Manager

JOE S. FAULKNER