


PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

LIMITED LIABILITY COMPANY REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED
07 JUL 13 PM 3:32
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # L04000059954

1. Limited Liability Company's Name
Raymond L EVANS JR - Install
+ Remodeling LLC

300106268253
07/17/07--01030--006 **150.00
CR2E041 (8/05)

2. Principal Office Address
455 NW 14 PL
Suite, Apt. #, etc.

3. Mailing Office Address
455 NW 14 PL
Suite, Apt. #, etc.

City & State
Crystal River FL

City & State
Crystal River FL

Zip
34428 Country
USA

Zip
34428 Country
USA

4. State/Country of Formation
MARION FL

5. Date Organized or Qualified To Do Business in Florida
8/11/04

6. FEI Number
001475183

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
Ray EVANS JR

Street Address (P.O. Box Number is Not Acceptable)
455 NW 14 PL

Suite, Apt. #, Etc.

City
Crystal River State
FL Zip Code
34428

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
Raymond J Evans Jr. Date
6/11/07

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
<u>TERRA EVANS</u>	<u>TERRA EVANS</u>	<u>455 NW 14 PL</u>	<u>CRYSTAL RIVER FL 34428</u>

REINSTATEMENT 05-07

11. I certify that I am managing member/manager or the receiver or trustee empowered to execute this application as provided 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
Terra Evans Date
6/11/07 Daytime Phone #
601-4875

Typed or printed name of signing Managing Member/Manager
TERRA L EVANS