

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**LIMITED LIABILITY
COMPANY
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # L04000061574

1. Limited Liability Company's Name

Lloydton Awnings LLC

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

1600 1/2 Northwest 36 Street

Suite, Apt. #, etc.

(rear)

City & State

Miami, FL

Zip

33142

Country

United States

3. Mailing Office Address

1600 1/2 Northwest 36 Street

Suite, Apt. #, etc.

(rear)

City & State

Miami, FL

Zip

33142-5572

Country

United States

4. State/Country of Formation

Florida / United States

5. Date Organized or Qualified

To Do Business in Florida 04/27/1993

6. FEI Number

650461696

☒ 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

Oblin Jean

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

1600 1/2 Northwest 36 Street

Suite, Apt. #, Etc.

City

Miami

State

FL

Zip Code

33142

☒ 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

[Signature]
REGISTERED AGENT MUST SIGN

Date 05-13-2009

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>mgr</u>	<u>Oblin Jean</u>	<u>1600 1/2 Northwest 36 Street</u>	<u>Miami, FL 33142</u>

REINSTATEMENT 07-09

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

[Signature]

Date 05-13-2009

Daytime Phone # (305) 633-1931

Typed or printed name of signing Managing Member/Manager Oblin Jean