

9-16-05  
250.00

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS

07 JAN 23 AM 9:22

LIMITED LIABILITY  
COMPANY  
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE  
Secretary of State  
DIVISION OF CORPORATIONS

CR2E041 (8/05)

DOCUMENT # L04000061903

1. Limited Liability Company's Name

Bodiford Carpentry LLC

2. Principal Office Address

9192 WARBLER DR.

Suite, Apt. #, etc.

City & State

Tallahassee FL

Zip

32305

Country

Leon

3. Mailing Office Address

9192 WARBLER DR.

Suite, Apt. #, etc.

City & State

Tallahassee FL

Zip

32305

Country

Leon

4. State/Country of Formation

FL / Leon

5. Date Organized or Qualified  
To Do Business in Florida

9/23/2004 - 8/23/2006

6. FEI Number:

55-0879499

☒ 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

DL Bodiford JR.

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

9192 WARBLER DR

Suite, Apt. #, Etc.

City

Tallahassee

State

FL

Zip Code

32305

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

DL Bodiford JR.

REGISTERED AGENT MUST SIGN

Date 12/21/06

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
MGR	DL Bodiford JR	9192 WARBLER DR.	Tallahassee FL 32305

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

DL Bodiford JR.

Date

12/21/06

Daytime Phone #

850-210-2960

Cell

Typed or printed name of signing Managing Member/Manager

DL Bodiford JR.