

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

LIMITED LIABILITY
COMPANY
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED

2009 JUL -7 PM 2:53

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

800158229118
07/07/09--01064--007 **416.25

CR2E041 (10/08)

DOCUMENT # L04000065267

1. Limited Liability Company's Name

K & H CARPENTRY LLC
10694 104th St N
LARGO, FL 33773

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

10694 104th St N

Suite, Apt. #, etc.

City & State

LARGO FL

Zip

33773

Country

USA

3. Mailing Office Address

SAME

Suite, Apt. #, etc.

City & State

Zip

Country

4. State/Country of Formation

Pinellas

5. Date Organized or Qualified
To Do Business in Florida

8/31/04

6. FEI Number

20-1561146

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

KEVIN W. DAVIES

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

10470 115th Ave N

Suite, Apt. #, Etc.

LARGO FL 33773

City

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

Kevin Davies

REGISTERED AGENT MUST SIGN

Date 7/1/09

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
MEM	KEVIN DAVIES	10470 115th Ave N LARGO FL 33773	LARGO, FL 33773
MEM	HERB COMBS	10694 104th St N LARGO FL 33773	LARGO, FL 33773

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

Kevin Davies

Date 7/1/09

Daytime Phone (727) 235-2629

Typed or printed name of signing Managing Member/Manager

KEVIN DAVIES