

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**LIMITED LIABILITY
COMPANY
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED

2007 MAR 15 AM 10:33

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # LUH 0000 66486

1. Limited Liability Company's Name

Teddy L. Norwood Siding LLC

CR2E041 (1/07)

2. Principal Office Address - No P.O. Box #
7844 Ladybug Ln.

3. Mailing Office Address
7844 Ladybug Ln.

Suite, Apt. #, etc.
N/A

Suite, Apt. #, etc.
N/A

City & State
Milton, Florida

City & State
Milton, Florida

Zip
32570

Country
USA

Zip
32570

Country
USA

4. State/Country of Formation
Florida/USA

5. Date Organized or Qualified
To Do Business in Florida **6/06/05**

6. ☒ 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
Teddy L. Norwood Jr.

Street Address (P.O. Box Number is Not Acceptable)
7844 Ladybug Ln.

Suite, Apt. #, Etc.
N/A

City
Milton

State
FL

Zip Code
32570

☒ 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 *Teddy L. Norwood Jr.*
REGISTERED AGENT MUST SIGN

Date 03/12/07

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	Teddy L. Norwood Jr.	7844 Ladybug Ln.	Milton, FL 32570
MGRM	Teddy L. Norwood Jr.	7844 Ladybug Ln.	Milton, FL 32570

REINSTATEMENT 05-07

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03/22/07--01009--020 **150.00

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 *Teddy L. Norwood Jr.* Date 03/12/2007 Daytime Phone # (850) 390-5721

Typed or printed name of signing Managing Member/Manager Teddy L. Norwood Jr.