

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

LIMITED LIABILITY
COMPANY
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED

07 NOV 20 PM 2:29

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # L04000067508

1. Limited Liability Company's Name

BBB CUSTOM CARPENTRY, LLC.

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

311 THACKERY RD

Suite, Apt. #, etc.

3. Mailing Office Address

P.O. Box 730282

Suite, Apt. #, etc.

City & State

ORMOND BEACH, FL.

City & State

ORMOND BEACH, FL.

Zip

Country

32174-6029 VOL. USA

Zip

Country

32173-0282 VOL. USA

CR2E041 (1/07)

4. State/Country of Formation

FL. USA

5. Date Organized or Qualified
To Do Business in Florida

SEPT. 19, 2004

6. FEI Number

83-0411239

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

BRETT HARTLEY, PA.

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

533 SEABREEZE BLVD.

Suite/Apt. #, Etc.

300

City

DAYTONA BEACH,

State

FL

Zip Code

32118

☐ 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]

Date 10/30/07

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
OWNER MANAGER	BOB BINDEWALD	311 THACKERY RD.	ORMOND BEACH, FL. 32174-6029

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11/20/07--01010--005 **200.00

REINSTATEMENT

06-07

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

Bob Bindewald

Date OCT. 28, 07 Daytime Phone # 386-451-5747

Typed or printed name of signing Managing Member/Manager