

**2005 LIMITED LIABILITY COMPANY REINSTATEMENT**

**FILED**  
**Sep 29, 2005**  
**Secretary of State**

DOCUMENT# L04000070274

Entity Name: MT FRAME & DECKING, LLC

**Current Principal Place of Business:**

**New Principal Place of Business:**

2968 CORRIGAN DR.  
DELTONA, FL 32738 US

**Current Mailing Address:**

**New Mailing Address:**

2968 CORRIGAN DR.  
DELTONA, FL 32738 US

FEI Number: 33-1101618      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired ( )  
In accordance with s. 607.193(2)(b), F.S., the limited liability company did not receive the prior notice.

**Name and Address of Current Registered Agent:**

**Name and Address of New Registered Agent:**

GRAHAM, THOMAS W  
2968 CORRIGAN DR.  
DELTONA, FL 32738 US

The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

SIGNATURE: THOMAS W. GRAHAM

Electronic Signature of Registered Agent

Date

**MANAGING MEMBERS/MANAGERS:**

**ADDITIONS/CHANGES:**

Title: MGRM ( ) Delete  
Name: GRAHAM, THOMAS W  
Address: 2968 CORRIGAN DR.  
City-St-Zip: DELTONA, FL 32738 US

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: MGRM ( ) Delete  
Name: GRAHAM, JOHN M  
Address: 231 PENNSYLVANIA AVE  
City-St-Zip: LAKE HELEN, FL 32744 US

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my electronic signature shall have the same legal effect as if made under oath; that I am a managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

SIGNATURE: THOMAS W. GRAHAM

MGRM

09/29/2005

Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date