

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**LIMITED LIABILITY  
COMPANY  
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE  
Secretary of State  
DIVISION OF CORPORATIONS

**FILED**

06 OCT 26 AM 11:47

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

CR2E041 (8/05)

**DOCUMENT #** L04000071281

**1. Limited Liability Company's Name**

Darrell Townsend Custom Framing, LLC

**2. Principal Office Address**

169 SE Canary Lane

Suite, Apt. #, etc.

City & State

Branford, Florida

Zip

32008

Country

US

**3. Mailing Office Address**

Post Office Box 1544

Suite, Apt. #, etc.

City & State

Branford, Florida

Zip

32008

Country

US

**4. State/Country of Formation**

Florida

**5. Date Organized or Qualified  
To Do Business in Florida**

10-01-04

**6. FEI Number**

20-1712208

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

Darrell C. Townsend

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

169 SE Canary Lane

Suite, Apt. #, Etc.

City

Branford

State

FL

Zip Code

32008

400081302764

10/27/06--01055--003 \*\*105.00

**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

REGISTERED AGENT MUST SIGN

Date 10-25-06

Date

**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
MGRM	Darrell C. Townsend	169 SE Canary Lane	Branford, Florida 32008
MGRM	Paul E. Bedenbaugh	460 SW Bedenbaugh Lane	Lake City, Florida 32025

**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

Date 10-25-06

Daytime Phone# 386-365-5455

Typed or printed name of signing Managing Member/Manager Darrell C. Townsend, Managing Member

name Darrell Townsend Custom Framing LLC

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I did not receive my annual report information for 2005.

Darrell C. Johnson  
Managing member