PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

LIMITED LIABILITY COMPANY REINSTATEMENT

FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

200080927912
10/17/06--01049--008 **50.00
10/03/06 01047 006 $155.00
CR2E041 (8/05)

DOCUMENT # *LO4000073408*

1. Limited Liability Company's Name

Tom Horton Roofing LLC

2. Principal Office Address

5463 Browntown Rd.

Suite, Apt. #, etc.

City & State
Graceville, Fl.

Zip	Country
32440	*US.*

3. Mailing Office Address

5463 Browntown Rd.

Suite, Apt. #, etc.

City & State
Graceville, Fl.

Zip	Country
32440	*U.S.*

4. State/Country of Formation
Florida

5. Date Organized or Qualified To Do Business in Florida *10/12/04*

6. FEI Number ☐ 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 *Tom Horton*

Street Address (P.O. Box Number is Not Acceptable)
5463 Browntown Road

Suite, Apt. #, Etc.

City *Graceville*	State **FL**	Zip Code *32440*

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 *10-02-06*

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	*Tom Horton*	*5463 Browntown Rd.*	*Graceville, Fl 32440*
			REINSTATEMENT *05-06*

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 *10-2-06* Daytime Phone # *850-263-6948*

Typed or printed name of signing Managing Member/Manager *Tom Horton*