

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM. 1 of 2

**LIMITED LIABILITY
COMPANY
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

06 NOV -3 PM 5:39

SECRETARY OF STATE
TALLAHASSEE FLORIDA

DOCUMENT # L04000084111

1. Limited Liability Company's Name

LP KITCHEN & BATH INSTALLATION, LLC

2. Principal Office Address

8215 LI FAIR DRIVE

Suite, Apt. #, etc.

3. Mailing Office Address

8215 LI FAIR DRIVE

Suite, Apt. #, etc.

City & State

PENSACOLA FL

City & State

PENSACOLA FL

Zip

32506

Country

USA

Zip

32506

Country

USA

CR2E041 (8/05)

4. State/Country of Formation
FLORIDA USA

5. Date Organized or Qualified
To Do Business in Florida

11/12/2004

6. FEI Number

570528523

Applied For

Not Applicable

7. CERTIFICATE OF STATUS DESIRED ☐ SE OF

8. Name and Address of Current Registered Agent

Name
JAMISON MARK JESSUP SR., INC.

Street Address (P.O. Box Number is Not Acceptable)
465 S VOLUSIA AVE

Suite, Apt. #, Etc.
SUITE C

City
ORANGE CITY

State

FL

Zip Code

32763

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

Daisy Quinlan - Assistant Secretary Date 10/31/2006
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
MGR	LONNIE PORTIS	8215 LI FAIR DRIVE	PENSACOLA FL 32506

200081499302
11/03/06--01034--010 **100.00

W/o Penalties
REINSTATEMENT 2005-2006

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 606.406, 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

Lonnie Portis

Date 10/31/06

Daytime Phone # 850 529-5807

Typed or printed name of signing Managing Member/Manager

LONNIE PORTIS

2072

LONNIE PORTIS- L04000084111
LP KITCHEN & BATH INSTALLATION, LLC
10-31-2006

To whom it may concern,

I am enclosing my reinstatement form for my company. I never received the renewal notification for my company. The instructions for reinstatement indicate that if I did not receive notice, to put this in writing and the reinstatement fee would be waived for the 2005 and 2006 annual reports.

Thank you for your assistance in this matter.

Sincerely,
Lonnie Portis