

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**LIMITED LIABILITY
COMPANY
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

06 DEC 29 AM 9:18

DOCUMENT #

LD4000084811

1. Limited Liability Company's Name

Sunshine Siding LLC
8806 Bright Oak Cir
Milton, FL 32583

2. Principal Office Address

3. Mailing Office Address

8806 Bright Oak Cir

8806 Bright Oak Cir

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Milton, FL

Milton, FL

Zip

Country

Zip

Country

32583

Santa Rosa

32583

Santa Rosa

4. State/Country of Formation

FL/Santa Rosa

5. Date Organized or Qualified
To Do Business in Florida

9-10 yrs

6. FEI Number

201935661

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

Porter W. Culver Sr.

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

8806 Bright Oak Cir

Suite, Apt. #, Etc.

City

Milton

State

FL

Zip Code

32583

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

Porter W. Culver Sr.

REGISTERED AGENT MUST SIGN

Date 12-8-06

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
N/A			
MGML	Porter W. Culver Sr.	8806 Bright Oak Cir	Milton, FL 32583

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

Porter W. Culver Sr.

Date 12-8-06

Daytime Phone # 850-983-6331

Typed or printed name of signing Managing Member/Manager

Porter W. Culver SR.

12-8-06

12-8-06
201935661

TO WHOM IT CONCERN:

I TALKED WITH NCAUSEAUX
AND EXPLAINED THAT I
HAVE NOT RECEIVED ANY
FORM TO FILL OUT AND PAY
MY FEE EACH YEAR. SHE
TOLD ME TO WRITE A
LETTER EXPLAINING THIS
AND SEND \$100.00 TO GET
RE-INSTATED. I FILLED THE
APPLICATION OUT AND I AM
SENDING A CHECK.

PORTER CULVER

Porter Culver 12-8-06