


2006 LIMITED LIABILITY COMPANY REINSTATEMENT

DOCUMENT # L04000085674 1. Entity Name MOORE FRAMING, LLC.						<div style="font-size: 2em; font-weight: bold; margin-bottom: 10px;">FILED</div> <div style="font-size: 1.2em; margin-bottom: 10px;">06 NOV 28 AM 10:26</div> <div style="font-size: 0.8em;">SECRETARY OF STATE TALLAHASSEE, FLORIDA</div>	
Principal Place of Business 102 5TH STREET APALACHICOLA, FL 32320 <i>291 Highway 98</i>				Mailing Address 102 5TH STREET APALACHICOLA, FL 32320 <i>Same</i>			
2. Principal Place of Business Suite, Apt. #, etc.				3. Mailing Address Suite, Apt. #, etc.			
City & State <i>Apalachicola FL</i>				City & State <i>Same</i>			
Zip <i>32320</i>		Country <i>Florida</i>		4. FEI Number 20-1920126		Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input checked="" type="checkbox"/> \$5.00 Additional Fee Required				11282006 REIN-LLC CR2E101 (11/05)			
6. Name and Address of Current Registered Agent MOORE, FOSTER 102 5TH STREET APALACHICOLA, FL 32320				7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City <div style="display: flex; justify-content: space-between;"> FL Zip Code </div>			
8. 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. I am familiar with, and accept the obligations of registered agent. SIGNATURE <i>Foster Moore</i> (NOTE: Registered Agent signature required when reinstating) DATE _____							
FILE NOW!!! FEE IS \$50.00 After January 1, 2007, Fee will be \$100.00		In accordance with s. 607.193(2)(b), F.S., the limited liability company did not receive the prior notice.			Make check payable to Florida Department of State		
9. MANAGING MEMBERS/MANAGERS				10. ADDITIONS/CHANGES			
TITLE: MGR NAME: MOORE, FOSTER STREET ADDRESS: 102 5TH STREET CITY-ST-ZIP: APALACHICOLA, FL 32320				<div style="text-align: right;"> <input type="checkbox"/> Change <input type="checkbox"/> Addition </div> <div style="text-align: center; font-weight: bold; font-size: 1.2em;"> 400082107974 11/28/06--01057--022 **\$5.00 </div>			
TITLE: MGRM NAME: HOLLY, MICHAEL STREET ADDRESS: 102 5TH STREET CITY-ST-ZIP: APALACHICOLA, FL 32320				<div style="text-align: right;"> <input type="checkbox"/> Change <input type="checkbox"/> Addition </div>			
TITLE: MGRM NAME: JOHNSON, ADAM STREET ADDRESS: 102 5TH STREET CITY-ST-ZIP: APALACHICOLA, FL 32320				<div style="text-align: right;"> <input type="checkbox"/> Change <input type="checkbox"/> Addition </div>			
TITLE: _____ NAME: _____ STREET ADDRESS: _____ CITY-ST-ZIP: _____				<div style="text-align: right;"> <input type="checkbox"/> Change <input type="checkbox"/> Addition </div>			
TITLE: _____ NAME: _____ STREET ADDRESS: _____ CITY-ST-ZIP: _____				<div style="text-align: right;"> <input type="checkbox"/> Change <input type="checkbox"/> Addition </div>			
TITLE: _____ NAME: _____ STREET ADDRESS: _____ CITY-ST-ZIP: _____				<div style="text-align: right;"> <input type="checkbox"/> Change <input type="checkbox"/> Addition </div>			
TITLE: _____ NAME: _____ STREET ADDRESS: _____ CITY-ST-ZIP: _____				<div style="text-align: right;"> <input type="checkbox"/> Change <input type="checkbox"/> Addition </div>			
11. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my 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: <i>Foster Moore</i> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE</small>				Date: <i>11-28-06</i> <small>Daytime Phone #</small>			

REINSTATEMENT

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11-28-06