


PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**LIMITED LIABILITY
COMPANY
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED
06 NOV -7 PM 3:16
SECRETARY OF STATE
TALLAHASSEE, FLORIDA


CR2E041 (8/05)

DOCUMENT # L04000087764			
1. Limited Liability Company's Name Florida Custom Exteriors, LLC			
2. Principal Office Address 4026 Ortega Forest Dr. Suite, Apt. #, etc.		3. Mailing Office Address 4026 Ortega Forest Dr. Suite, Apt. #, etc.	
City & State Jacksonville, FL		City & State Jacksonville, FL	
Zip 32210	Country USA	Zip 32210	Country USA

4. State/Country of Formation Florida	
5. Date Organized or Qualified To Do Business in Florida	12/06/2004
6. FEI Number 20-1976917	Applied For <input type="checkbox"/> Not Applicable
7. CERTIFICATE OF STATUS DESIRED <input checked="" type="checkbox"/> \$5.00 Additional Fee required for a Certificate of Status	

8. Name and Address of Current Registered Agent		
Name Brown, Jason P.		
Street Address (P.O. Box Number is Not Acceptable) 4026 Ortega Forest Dr.		
Suite, Apt. #, Etc.		
City Jacksonville, FL	State FL	Zip Code 32210

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  Date 11/01/2006

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
MGRM	Brown, Jason P.	4026 Ortega Forest Dr.	Jacksonville, FL 32210

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REINSTATEMENT 05-06
11/17/06

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 Jason P. Brown Date 11/01/2006 Daytime Phone # 904-379-3738

Typed or printed name of signing Managing Member/Manager Jason P. Brown