

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

LIMITED LIABILITY COMPANY REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED

07 DEC 18 PM 12:36

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # L05000001073

1. Limited Liability Company's Name
Burkhardt & Bridges Remodeling & New Construction, LLC

CR2E041 (1/07)

2. Principal Office Address - No P.O. Box # 8205 Kipling St		3. Mailing Office Address 8205 Kipling St.	
Suite, Apt. #, etc. Unit E		Suite, Apt. #, etc. Unit E	
City & State PENSACOLA, FL		City & State PENSACOLA, FL	
Zip 32514	Country USA	Zip 32514	Country USA

4. State/Country of Formation USA	
5. Date Organized or Qualified To Do Business in Florida 2005	
6. FEI Number 20-2096112	Applied For <input checked="" 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 **GREG BURKHARDT**

Street Address (P.O. Box Number is Not Acceptable)
8205 Kipling St.

Suite, Apt. #, Etc.
Unit E

City **PENSACOLA** State **FL** Zip Code **32514**

A \$100 reinstatement fee is imposed, except in circumstances which the entity did not receive the prior notices. By checking this box, you are certifying the prior notices were not received and requesting the \$100 reinstatement be waived.

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 *[Signature]* Date 12/10/07

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
P	GREG BURKHARDT	8205 Kipling St	PENSACOLA, FL 32514
T	MARILYN BRIDGES	8205 Kipling St.	PENSACOLA, FL 32514
M	JESSE TUCKER	8205 Kipling St.	PENSACOLA, FL 32514

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REINSTATEMENT *06-07*

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 *[Signature]* Date 12/10/07 Daytime Phone # (850) 723-2090

Typed or printed name of signing Managing Member/Manager GREG BURKHARDT