PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.						
LIMITED LIABILITY COMPANY REINSTATEMENT	17 <i>5</i>	RTMENT OF STATE try of State corporations	SECRETA VISION OF	RY OF STATE CORPORATIONS 2 PM 9: 44		
DOCUMENT # L05000005988 1. Limited Liability Company's Name						
Summers + Goddards Installation+						
FAGFICATION LLC			000185899600 09/27/1001061006 **243.7S cr2E041 (11/09)			
2. Principal Office Address - No P.O. Box #		3. Mailing Office Address		S(22041 (1780)		
4567 RAMbling WAY	4567 RAM	4567 RAMBLING WAY		4. State/Country of Formation		
Suite, Apt. #, etc.			Fl. SANTA ROSA			
		5. Date Organized or Qualified To Do Business in Florida				
City & State City & State		**************************************		1-15-2005		
PACE, Fl. PACE, Fl.		6. FEI Number Applied For S42164973 Not Applicable				
Zip Country	Zip	Country	7.	- / · · · / · 	dibtional Fee required	
32571 SANTA ROSI	32571	SANTA ROSA	CERTIFICATE		Certificate of Status	
Name and Address of Current Registered Agent						
Name			☐ A \$100 reinstatement fee is imposed, except			
Susan Elaine Summers			in circumstances which the entity did not			
Street Address (P.O. Box Number is Not Acceptable) 4567 Rambling Way			receive the prior notices. By checking this			
Suite, Apt. #, Etc.			box, you are certifying the prior notices were not received and requesting the \$100			
			reinstatement be waived.			
PACE State Zip Code FL 3257/			·			
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 Susan E. Summen			Date 9-21-2010			
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 / Z	ip.	
Malm Susan E. Summers 4567 Rambling		WAY PACE, F1 32571				
marm Gerald R. Goddard 5614 windham Rd. milton, Fl. 32570						
marm JASON A. LA	iw 760	08 wilshir	e Rd.	Pensacola, Fl 3	32526	
	•	1				
REINSTATEMENT 2008 - 2010				001858996 71001004026	□□ **277.50	
•		-				
11. E-mail Address: SUSAN E SUMMERS AL LIVE, COM						
(To be used for future annual report notifications) 12. I certify that I am managing member/manager or the receiver or trustee empowered to execute this application as provided for in Chapter 808, 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 Susan E. Summer Date 9-21-2010 Daytime Phone # 850-346-1960						
	Typed or printed name of signing Managing Member/Manager SUSAN E. SUMMERS					
typed or printed hame of signing Managing Mem	- Burnelling memoritanisher					



FLORIDA DEPARTMENT OF STATE Division of Corporations

RECEIVED

10 NOV 22 PM 4:00

SECRETARY OF STATE TALLAHASSEE, FLORIDA

September 29, 2010

SUMMERS & GODDARD'S INSTALLATION & FABRICATION LLC 4567 RAMBLING WAY PACE, FL 32571

SUBJECT: SUMMERS & GODDARD'S INSTALLATION & FABRICATION LLC Ref. Number: L05000005988



We have received your document for SUMMERS & GODDARD'S INSTALLATION & FABRICATION LLC and check(s) totaling \$243.75. However, the document has not been filed and is being retained in this office for the following reason(s):

There is a balance due of \$277.50. Refer to the attached fee schedule for the breakdown of fees Please return a copy of this letter to ensure your money is properly credited.

Please return a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have an questions concerning the filing of your document, please call (850) 245-6855

Tammy Hampton Regulatory Special St II

Letter Number: 810A00023111