

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

LIMITED LIABILITY
COMPANY
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED

10 JUL -8 AM 11:37

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # L05000011194

1. Limited Liability Company's Name

All Seasons Remodeling LLC

2. Principal Office Address - No P.O. Box #

11142 TAEDA DR.

Suite, Apt. #, etc.

3. Mailing Office Address

11142 TAEDA DR.

Suite, Apt. #, etc.

City & State

ORLANDO, FL

City & State

ORLANDO, FL

Zip

Country

32832

ORANGE

Zip

Country

32832

ORANGE

CR2E041 (05/10)

4. State/Country of Formation

US

5. Date Organized or Qualified
To Do Business in Florida

2-3-2005

6. FEI Number

20-2279171

☐ 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

ARNELL O. TEJADA

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

11142 TAEDA DR.

Suite, Apt. #, Etc.

City

ORLANDO, Florida

State

FL

Zip Code

32832

000183053180

07/08/10--01009--015 **500.00

000183053180

07/08/10--01009--016 **16.25

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

ARNELL O. TEJADA

Date

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
MEM	ARNELLO TEJADA	11142 TAEDA DR.	ORLANDO, FL. 32832
MEM	ARNELL O. TEJADA	11142 TAEDA DR.	ORLANDO, FL. 32832

REINSTATEMENT 308-10 SEN

11. E-mail Address: ARTENEILSO@GMAIL.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 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

ARNELL O. TEJADA

Date

7-8-10

Daytime Phone

(407) 516-7061

Typed or printed name of signing Managing Member/Manager