PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

FILED

08 DEC 31 AM 10: 26

SECRETARY OF STATE
TALLAHASSEE FLORIDA

LIMITED LIABILITY COMPANY REINSTATEMENT

FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

500139199775
12/22/08--01037--016 **238.75

DOCUMENT # L05000028982

1. Limited Liability Company's Name

Pitt Roofing, LLC

Pitt Roofing LLC
#L05000028982

CR2E041 (10/08)

2. Principal Office Address - No P.O. Box #	3. Mailing Office Address
6271 NW 16 Pl	3813 16th St SW
Suite, Apt. #, etc.	Suite, Apt. #, etc.
Lauderhill Fl	Lehigh Acres Fl
City & State	City & State
33313	33976
Zip / Country	Zip / Country

4. State/Country of Formation: US

5. Date Organized or Qualified To Do Business In Florida: 6/21/05

6. FEI Number: 20-2544585 ☐ Applied For ☐ Not Applicable

7. CERTIFICATE OF STATUS DESIRED ☐ ($5.00 Additional Fee Required for Certified Copy)

8. Name and Address of Current Registered Agent

Name: HAMBERT PITT

Street Address (P.O. Box Number is Not Acceptable): 3813 16th St SW

Suite, Apt. #, Etc.: Lehigh Acres

City: Fl 33976 State: FL Zip Code:

☐ 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: H. Pitt — Date: 12/20/08

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
	HAMBERT PITT	3813 16th St SW	Lehigh Acres 33976

01/07/09--01005--002 **138.75

REINSTATEMENT 07.08

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 608.508, 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: H. Pitt — Date: 12/20/08 — Daytime Phone #: 954 610 3792

Typed or printed name of signing Managing Member/Manager: HAMBERT PITT