2007 LIMITED LIABILITY COMPANY REINSTATEMENT

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1. Entity Nam				FILL	= U				
M.W. CARPENTRY, LLC						_			
			15.		20	07 MAR -7	AM ii. oo)	
Principal Place		Mailing Address							
144 BROWN	PELICAN DR. ACH, FL 32119	144 BROWN PELICAN DR Daytona Beach, FL 32			TAL	ECRETARY O LAHASSEE,	FSTATE		
DATIONA DE	Noti, IE 32113	DATIONA DENGII, IE 32	113				rLURIDA		
5 Od1-10	Land Decision No. 100 Decision in	0 11-11 Audel							
2. Principal Place of Business - No P.O. Box # 3. Mailing Address 436 S. Palmetto Ave. 436 S. Palm			metto A	tre			UII ka ido kiki dali		831 166
Suite, Apt.		Suite, Apt. #, etc.		•	02232007	REIN-LLC	CR2E1	01 (1/07)	
City & State	<u>G</u>	Apt. G							plied For
17 '	Fona Beach FL	Day Jong B	Seach	FJ.	4. FEI Numb	93347	7	 -	t Applicable
Zip	Country	Zip	Country	- Final	5. Certificate	of Status Desired		5.00 Add	
3211	6 Name and Address of Current B	32114	US.A.	<u> </u>		Address of New		ee Required	<u> </u>
6. Name and Address of Current Registered Agent 7. Name 1 to 1 t							1 / - 1		
	N, MICHAEL	-	Street A	ddress (P		er is Not Acceptab	<u>اه)</u>	rael	·
	VN PELICAN DR. . BEACH, FL 32119		4	36	Š. Y	almett	S AU	e A	10 6
									•
			City	\ <u></u>	12000	Becci	, FL	Zip Code	14
8. The above	named entity submits this statement for	the purpose of changing its re	gistered office or	registere	agent, or bo	oth, in the State of F	<u> , </u>	amiliar with, a	and accept
8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or bottl, in the State of Florida. I am familiar with, and accept the obligations of registered agent.									
SIGNATURE .	Signature, typed or printed name of registered agent an	this is appropriate (NOTE: 6	Registered Agent signa	tura require	rd when reinstation		> / <u>5</u> /	07	
	Signature, types as priviles name or registered again as	(110.1.2.1	regional or Agent eight	nare regard		,	1 5/11/2		
FILE NOW!!! FEE IS \$200.00					!		ke check pa	-	
						Florie	da Departme	ent of State	•
9.	MANAGING MEMBER	S/MANAGERS	10.		į		OCHANGES	ent of State	
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