

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**LIMITED LIABILITY
COMPANY
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
06 JAN 24 AM 10:11

DOCUMENT # L05000046420

1. Limited Liability Company's Name

Custom Columns and Rails

CR2E041 (8/05)

2. Principal Office Address

2139 Pineview Circle

Suite, Apt. #, etc.

3. Mailing Office Address

Same as #2

Suite, Apt. #, etc.

City & State

Pensacola, FL

Zip

32526

Country

USA

City & State

Pensacola, FL

Zip

32526

Country

USA

4. State/Country of Formation

USA

5. Date Organized or Qualified
To Do Business in Florida

05-10-2005

6. FEI Number

55-0895507

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

Wayne Clark YATES Jr.

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

2139 Pineview Circle

Suite, Apt. #, Etc.

City

Pensacola

State

FL

Zip Code

32526

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

WC Yates Jr.

Date

1-17-06

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
<u>MGR</u>	<u>Wayne Clark YATES Jr.</u>	<u>2139 Pineview Circle</u>	<u>Pensacola, FL 32526</u>
			<u>000065014490</u>
			<u>02/01/2006--01/08/2007 **150.00</u>
			<u>REINSTATEMENT 2006</u>
		<u>Ans. R.A.</u>	

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

WC Yates Jr.

Date 1-17-06

Daytime Phone # (850) 777-7379

Typed or printed name of signing Managing Member/Manager

Wayne Clark YATES Jr.