

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 JUL 18 AM 10:32

DOCUMENT #

1. Limited Liability Company's Name

LO5000053785

Wayne Kizer Carpentry, LLC.

2. Principal Office Address

6337 Theoden St

Suite, Apt. #, etc.

City & State

Weeki Wachee FL

Zip

34607

Country

USA

3. Mailing Office Address

Same

Suite, Apt. #, etc.

City & State

Zip

Country

4. State/Country of Formation

FL, USA

5. Date Organized or Qualified
To Do Business in Florida

6-1-05

6. FEI Number

Applied For

☒ Not Applicable

7. CERTIFICATE OF STATUS DESIRED ☐

\$5.00 Additional Fee required
for a Certificate of Status

CR2E041 (8/05)

8. Name and Address of Current Registered Agent

Name

Warman Financial Services

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

3626 US Hwy 19 N

Suite, Apt. #, Etc.

City

Spring Hill

State

FL

Zip Code

34606

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

[Signature]

REGISTERED AGENT MUST SIGN

Date

7-05-06

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
MGR	Wayne L Kizer	6337 Theoden St	Weeki Wachee FL 34607
MGR	Nina P. Kizer	6337 Theoden St	Weeki Wachee FL 34607

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07/20/06--01049--004 **50.00

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

[Signature]

Date

7-11-06

Daytime Phone #

352-442-3212

Typed or printed name of signing Managing Member/Manager