


# 2007 LIMITED LIABILITY COMPANY REINSTATEMENT

<b>DOCUMENT # L05000068253</b> 1. Entity Name <b>MITCHELL'S VINYL SIDING, L.L.C.</b>		 <b>FILED</b> JUL 18 PM 2:19 SECRETARY OF STATE TALLAHASSEE, FLORIDA	
Principal Place of Business <b>1697 CONCORD RD HAVANA, FL 32333</b>		Mailing Address <b>1697 CONCORD RD HAVANA, FL 32333</b>	
2. Principal Place of Business - No P.O. Box # <b>6199 FAIRBANKS FERRY</b> Suite, Apt. #, etc.		3. Mailing Address <b>6199 FAIRBANKS FERRY</b> Suite, Apt. #, etc.	
City & State <b>HAVANA, FL</b>		City & State <b>HAVANA, FL</b>	
Zip <b>32333</b>	Country <b>USA</b>	Zip <b>32333</b>	Country <b>USA</b>
4. FEI Number		<input checked="" type="checkbox"/> Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired		<input type="checkbox"/> \$5.00 Additional Fee Required	
6. Name and Address of Current Registered Agent  <b>MITCHELL, CHRISTOPHER 1697 CONCORD RD HAVANA, FL 32333</b>		7. Name and Address of New Registered Agent Name <b>CHRISTOPHER L. MITCHELL</b> Street Address (P.O. Box Number is Not Acceptable) <b>6199 FAIRBANKS FERRY RD.</b> City <b>HAVANA</b> <b>FL</b> Zip Code <b>32333</b>	
8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.			
SIGNATURE _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>			
<b>FILE NOW!!! FEE IS \$100.00</b>		In accordance with s. 607.193(2)(b), F.S., the limited liability company did not receive the prior notice.	
Make check payable to <b>Florida Department of State</b>			
9. MANAGING MEMBERS/MANAGERS		10. ADDITIONS/CHANGES	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM MITCHELL, CHRISTOPHER L 1697 CONCORD RD HAVANA, FL 32333	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition <b>CHRISTOPHER MITCHELL</b> <b>6199 FAIRBANKS FERRY RD</b> <b>HAVANA, FL 32333</b>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM KELLY, FRED 6709 FAIRBANKS FERRY RD HAVANA, FL 32333	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition <b>RODOLPH J. JENSEN</b> <b>1497 FAIRBANKS CT.</b> <b>TALLAHASSEE, FL 32312</b>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition <b>700106499977</b> <b>07/20/07--01034--012 **100.00</b>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
11. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am a managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.			
<b>SIGNATURE:</b> _____ <b>June 18, 2007</b> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #</small>			