


# 2007 LIMITED LIABILITY COMPANY REINSTATEMENT

FILED

2007 APR 23 AM 10:45


SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

<b>DOCUMENT # L05000072206</b> 1. Entity Name <b>RANDY MARTINEZ ROOFING, LLC</b>	
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Principal Place of Business <b>9363 COUNTY ROAD 735 WEBSTER, FL 33597</b>	Mailing Address <b>9363 COUNTY ROAD 735 WEBSTER, FL 33597</b>
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2. Principal Place of Business - No P.O. Box # Suite, Apt. #, etc.	3. Mailing Address <b>P.O. Box 522</b> Suite, Apt. #, etc.
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City & State <b>Webster, FL</b>	City & State <b>Webster, FL</b>	4. FEI Number <b>26-0122670</b>	Applied For <input type="checkbox"/> Not Applicable
Zip <b>33597</b>	Country <b>USA</b>	5. Certificate of Status Desired <input type="checkbox"/>	<b>\$5.00</b> Additional Fee Required



03282007 REIN-LLC CR2E101 (1/07)

<b>6. Name and Address of Current Registered Agent</b> <b>MARTINEZ, RANDY</b> <b>P.O. BOX 522</b> <b>WEBSTER, FL 33597</b>	<b>7. Name and Address of New Registered Agent</b> Name Street Address (P.O. Box Number is Not Acceptable) City <span style="float: right;"><b>FL</b></span> Zip Code
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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 Randy J. Martinez DATE 4-16-07

Signature, type or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

FILE NOW!!! FEE IS \$200.00

Make check payable to  
Florida Department of State

9. MANAGING MEMBERS/MANAGERS		10. ADDITIONS/CHANGES	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR MARTINEZ, RANDY P.O. BOX 522 WEBSTER, FL 33597	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition <b>200101797352</b> <b>05/08/07--01017--025 **200.00</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 <b>REINSTATEMENT 06-07</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

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.

SIGNATURE: Randy J. Martinez DATE: 4-16-07 DAYTIME PHONE #: 352-303-6831

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE