

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**LIMITED LIABILITY
COMPANY
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILLU
SECRETARY OF STATE
DIVISION OF CORPORATIONS

08 SEP 19 AM 9:53

DOCUMENT #

L05-75198

1. Limited Liability Company's Name

Chad Screens, LLC

900136141949
09/19/08--01020--002 **277.50
CR2E041 (12/07)

2. Principal Office Address - No P.O. Box #

1625 Dublin Rd.

Suite, Apt. #, etc.

City & State

Deltona, Florida

Zip

32738

Country

USA

3. Mailing Office Address

1625 Dublin Rd.

Suite, Apt. #, etc.

City & State

Deltona, Florida

Zip

32738

Country

USA

4. State/Country of Formation

Florida

5. Date Organized or Qualified
To Do Business in Florida

08/01/05

6. FEI Number

20-5052614

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

Chad A. Columbie

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

1625 Dublin Rd.

Suite, Apt. #, Etc.

City

Deltona, Florida

State

FL

Zip Code

32738

☒ A \$100 reinstatement fee is imposed, except
in circumstances which the entity did not
receive the prior notices. By checking this
box, you are certifying the prior notices were
not received and requesting the \$100
reinstatement be waived.

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

Chad Columbie

REGISTERED AGENT MUST SIGN

Date 9-16-08

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
President	Chad A. Columbie	1625 Dublin Rd.	Deltona, Florida 32738
Secretary	John D. Mcneal	2050 St. Johns River Rd.	Astor, Florida 32102

REINSTATEMENT
07-08

Chad

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

Chad Columbie

Date

9-16-08

Daytime Phone #

Typed or printed name of signing Managing Member/Manager