PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

LIMITED LIABILITY		IDA DEPARTMENT OF STATE		FILED		
COMPANY REINSTATEMENT	!	Secretary of S SION OF CORPOR			07 NOV 20	PM 1:47
DOCUMENT # L 050000 76808 1. Limited Liability Company's Name Scott Haggerty Carpentry LLC 6812 Deer Springs Rol Keystone Heights, Fl 32656			SECRETARY OF STATE TALL AHASSEE, ELORIDA 11/06/0701052006 **50.00 900112047419 11/06/0701052007 **100.00 CR2E041 (1/07)			
2. Principal Office Address - No P.O. Box #	fice Address		4			
6812 Deer Springs Rd. Suite, Apt. #, etc.	ite, Apt. #, etc. Suite, Apt. #, etc.			4. State/Country of Formation F L 5. Date Organized or Qualified To Do Business in Florida 08 04 05		
Keystone Hughts, FL	me Heights, FL		6. FEI Number Applied For Not Applicable			
32456 USA	326	56 coun	in LSA	7. CERTIFICATE OF STATUS DESIRED \$5.00 Additional Fee required for a Certificate of Status		
Name Scott Haggerty Street Address (P.O. Box Number is Not Acceptable 6812 Deer Springs Suite, Apt. #, Etc. City Keustone Height	in circ received box, y		in circu receive box, yo not re	To reinstatement fee is imposed, except cumstances which the entity did not to the prior notices. By checking this you are certifying the prior notices were eceived and requesting the \$100 atement 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 Registered Agent 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/Manag				City / State / Zip
Mar Scott Haggerty		6812 Deer Spring		ngs Rd.	Keyston	Le Heights, FL 32654
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• 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 filling 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						
Typed or printed name of signing Managing Member/Manager Scott Haggerty						