

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

07 OCT -8 PH 2:50

DOCUMENT # L05000084318

1. Limited Liability Company's Name

DENNIS GODWIN'S RESIDENTIAL IMPROVEMENTS, LLC

CR2E041 (1/07)

2. Principal Office Address - No P.O. Box # 256 BOBWHITE DRIVE		3. Mailing Office Address 256 BOBWHITE DRIVE	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State PENSACOLA, FLORIDA		City & State PENSACOLA, FLORIDA	
Zip 32514	Country USA	Zip 32514	Country USA

4. State/Country of Formation	FLORIDA	
5. Date Organized or Qualified To Do Business in Florida	8/25/2005	
6. FEI Number	06-1755538	Applied For <input type="checkbox"/> Not Applicable <input type="checkbox"/>
7. CERTIFICATE OF STATUS DESIRED <input checked="" type="checkbox"/>		\$5.00 Additional Fee required for a Certificate of Status

8. Name and Address of Current Registered Agent

Name FRANCES M. CAMPUS	
Street Address (P.O. Box Number is Not Acceptable) 256 BOBWHITE DRIVE	
Suite, Apt. #, Etc.	
City PENSACOLA	State / Zip Code FL 32514

☒ 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 *Frances M. Campus*
REGISTERED AGENT MUST SIGN

Date **10/3/2007**

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	DENNIS L. GODWIN	256 BOBWHITE DRIVE	PENSACOLA, FL 32514
MGRM	FRANCES M. CAMPUS	256 BOBWHITE DRIVE	PENSACOLA, FL 32514

REINSTATEMENT 600110468716
10/08/07--01014--003 **105.00
WCP 2006-2007 BLT

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 *Dennis L. Godwin* Date **10/3/2007** Daytime Phone # **850-529-9299**

Typed or printed name of signing Managing Member/Manager **DENNIS L. GODWIN**