

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

LIMITED LIABILITY
COMPANY
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED

07 OCT -2 PM 3:35

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # 605000085198

1. Limited Liability Company's Name

Paul Lahmann's Construction and
interior Trim LLC

CR2E041 (1/07)

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

370 Whetherbine way
Suite, Apt. #, etc.

3. Mailing Office Address

370 Whetherbine way
Suite, Apt. #, etc.

City & State

Tallahassee FL

City & State

Tallahassee FL

Zip

32301

Country

USA

Zip

32301

Country

4. State/Country of Formation

5. Date Organized or Qualified
To Do Business in Florida

6. FEI Number

14-1936288

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

PAUL LAHMANN

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

370 Whetherbine way

Suite, Apt. #, Etc.

City

Tallahassee

State

FL

Zip Code

32301

☒ 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

[Signature]

REGISTERED AGENT MUST SIGN

Date Oct 2, 07

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
mgrm	PAUL LAHMANN	370 Whetherbine way	Tallahassee FL 32301

800110516479
10/04/07--01012--013 **100.00

REINSTATEMENT 06, 07

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

[Signature]

Date

Oct 2, 07

Daytime Phone #

322-8633

Typed or printed name of signing Managing Member/Manager