

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

LIMITED LIABILITY  
COMPANY  
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE  
Secretary of State  
DIVISION OF CORPORATIONS

DOCUMENT # L05000090389

1. Limited Liability Company's Name

ADVANCED ROOFING MATERIALS LLC

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

698 Heinberg Street

Suite, Apt. #, etc.

Suite 108

City & State

Pensacola, FL

Zip

32502

Country

USA

3. Mailing Office Address

698 Heinberg Street

Suite, Apt. #, etc.

Suite 108

City & State

Pensacola, FL

Zip

32502

Country

USA

4. State/Country of Formation

Florida, USA

5. Date Organized or Qualified  
To Do Business in Florida

07/01/2005

6. FEI Number

20-3085324

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

Brennan Woody

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

418 S 2nd Street

Suite, Apt. #, Etc.

City

Pensacola

State

FL

Zip Code

32507

☒ 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.

9/15/06

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 of Brennan Woody]*

Date

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/Manager	City / State / Zip
mgm	Brennan Woody	418 S 2nd Street	Pensacola, FL 32507

900129431729  
05/14/08--01007--022 \*\*266.25

REINSTATEMENT Without Penalty  
2006-2008 up = 4/28 up

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 of Brent Woody]*

Date

12/14/07

Daytime Phone #

Typed or printed name of signing Managing Member/Manager

BRENT Woody