

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

08 FEB 12 PM 4:18

DOCUMENT # L05000102167

1. Limited Liability Company's Name

Peardon windows LLC

CR2E041 (12/07)

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

4214 HAVERSTRAW AVE

3. Mailing Office Address

4214 HAVERSTRAW AVE

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

ORLANDO, FL

City & State

ORLANDO, FL

Zip

32812

Country

ORANGE

Zip

32812

Country

ORANGE

4. State/Country of Formation

FL, ORANGE

5. Date Organized or Qualified
To Do Business in Florida

10/17/2005

6. FEI Number

65-1214404

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

ARTHUR O. PEARDON JR

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

4214 HAVERSTRAW AVE

Suite, Apt. #, Etc.

City

ORLANDO,

State

FL

Zip Code

32812

☐ 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

Arthur O. Peardon Jr

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
			<u>200117974692</u> <u>01/11/08--01019--004 **100.00</u>
<u>MGR</u>	<u>Arthur O. Peardon Jr</u>	<u>4214 Haversraw Ave</u>	<u>Orlando, FL 32812</u>
	<u>REINSTATEMENT</u>	<u>2006-2008</u>	<u>700118348357</u> <u>02/19/08--01047--013 **416.25</u>

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

Arthur O. Peardon Jr

Date

2/11/08

Daytime Phone #

407-616-8830

Typed or printed name of signing Managing Member/Manager



FLORIDA DEPARTMENT OF STATE
Division of Corporations

RECEIVED

08 FEB 12 PM 1:47

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

January 14, 2008

ARTHUR O PEARDON
4214 HEVERSTRAW AVE
ORLANDO, FL 32812

SUBJECT: PEARDON WINDOWS LLC
Ref. Number: L05000102167

We have received your document for PEARDON WINDOWS LLC and your check(s) totaling \$100.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The above listed entity was administratively dissolved for failure to file the 2006 annual report/uniform business report and must reinstate before this document can be filed. Please see the attached fee schedule for a breakdown of the fees due.

There is a balance due of \$416.25.

Please return the corrected original and one copy of your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6855.

Tammy Hampton
Regulatory Specialist II
Registration/Qualification Section

Letter Number: 208A00002826