

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

LIMITED LIABILITY  
COMPANY  
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE  
Secretary of State  
DIVISION OF CORPORATIONS

FILED

2009 OCT -6 AM 10:48

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA  
000161334070  
10/05/09--01054--010 \*\*377.50

CR2E041 (10/08)

DOCUMENT # 605000114731

1. Limited Liability Company's Name

Boston Windows, L.L.C.

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

204 West lady lake Blvd

Suite, Apt. #, etc.

3. Mailing Office Address

204 West lady lake Blvd

Suite, Apt. #, etc.

City & State

lady lake

Zip

Country

Fl.

Lake

City & State

lady lake.

Zip

Country

32159

U.S.

4. State/Country of Formation

Florida, U.S.

5. Date Organized or Qualified  
To Do Business in Florida

EST. 12-05

6. FEI Number

203861113

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

David Boston.

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

204 West lady lake Blvd.

Suite, Apt. #, Etc.

City

lady lake

State

FL

Zip Code

32159

☒ 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 09-29-09.

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/PM	David Boston.	204 West lady lake Blvd. <del>204 West lady lake Blvd.</del> (DR)	lady lake, Fl. 32159
MGR/PM	Santos Rivera	1630 Ridge Mark Drive	mascotte, Fl. 34753

REINSTATEMENT

08-09

10-70

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 09-29-09

Daytime Phone#

(352) 350-0294

Typed or printed name of signing Managing Member/Manager

David Boston.