


PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

LIMITED LIABILITY COMPANY REINSTATEMENT		 FLORIDA DEPARTMENT OF STATE Secretary of State DIVISION OF CORPORATIONS		SECRETARY OF STATE DIVISION OF CORPORATIONS 09 DEC -2 PM 2:29 500162486895 12/09/09--01028--007 **143.75 500162486895 11/04/09--01002--015 **238.75 CR2E041 (10/08)																	
DOCUMENT # <u>L05000121748</u>																					
1. Limited Liability Company's Name <u>SUNPRO EXTERIOR SERVICES, LLC</u>																					
2. Principal Office Address - No P.O. Box # <u>934 UNIVERSITY DR</u> Suite, Apt. #, etc. <u>SUITE # 307</u> City & State <u>CORAL SPRINGS, FL</u> Zip <u>33071</u> Country <u>USA</u>			3. Mailing Office Address <u>934 UNIVERSITY DRIVE</u> Suite, Apt. #, etc. <u># 307</u> City & State <u>CORAL SPRINGS, FL</u> Zip <u>33071</u> Country <u>USA</u>																		
4. State/Country of Formation <u>FLORIDA</u>			5. Date Organized or Qualified To Do Business in Florida <u>DECEMBER 20, 2005</u>																		
6. FEI Number <u>721609039</u>			Applied For <input type="checkbox"/> Not Applicable <input checked="" 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 <u>BATES, DOUGLAS</u> Street Address (P.O. Box Number is Not Acceptable) <u>2691 EAST OAKLAND PARK</u> Suite, Apt. #, Etc. <u>SUITE 201</u> City <u>FT. LAUDERDALE, FLORIDA</u> State <u>FL</u> Zip Code <u>33306</u>																					
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 <u>[Signature]</u> Date <u>10/28/2009</u> REGISTERED AGENT MUST SIGN																					
10. Names and Street Addresses of Managing Members/Managers <table border="1" style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th style="width: 10%;">Titles</th> <th style="width: 30%;">Name of Managing Members/Managers</th> <th style="width: 30%;">Street Address of Each Managing Member/Manager</th> <th style="width: 30%;">City / State / Zip</th> </tr> </thead> <tbody> <tr> <td>MGRM</td> <td>GLENN URBISH</td> <td>934 UNIVERSITY DRIVE SUITE # 307</td> <td>CORAL SPRINGS, FLORIDA 33071</td> </tr> <tr> <td>MGR</td> <td>BATES, CONSTANCE</td> <td>934 UNIVERSITY DR. SUITE # 307</td> <td>CORAL SPRINGS, FLORIDA 33071</td> </tr> <tr> <td colspan="4" style="text-align: center; height: 50px;"> REINSTATEMENT 2008-2009 </td> </tr> </tbody> </table>						Titles	Name of Managing Members/Managers	Street Address of Each Managing Member/Manager	City / State / Zip	MGRM	GLENN URBISH	934 UNIVERSITY DRIVE SUITE # 307	CORAL SPRINGS, FLORIDA 33071	MGR	BATES, CONSTANCE	934 UNIVERSITY DR. SUITE # 307	CORAL SPRINGS, FLORIDA 33071	REINSTATEMENT 2008-2009			
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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 <u>Glenn Urbish</u> Date <u>OCT. 29, 09</u> Daytime Phone # <u>954-354-8310</u> Typed or printed name of signing Managing Member/Manager <u>GLENN URBISH</u>																					



FLORIDA DEPARTMENT OF STATE
Division of Corporations

RECEIVED

09 DEC -2 PM 4:00

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

November 16, 2009

SUNPRO EXTERIOR SERVICES, LLC
934 UNIVERSITY DR
STE 307
CORAL SPRINGS, FL 33071

SUBJECT: SUNPRO EXTERIOR SERVICES, LLC
Ref. Number: L05000121748

We have received your document for SUNPRO EXTERIOR SERVICES, LLC and check(s) totaling \$238.75. However, the document has not been filed and is being retained in this office for the following reason(s):

There is a balance due of \$143.75. Refer to the attached fee schedule for the breakdown of fees. Please return a copy of this letter to ensure your money is properly credited.

Please return 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

Letter Number: 109A00035704