

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 DEC 29 PM 4:17

DOCUMENT # L06000019496

1. Limited Liability Company's Name

WOODTECH L.L.C.

500138437895
12/04/08--01026--001 **377.50

CR2E041 (10/08)

2. Principal Office Address - No P.O. Box #
10114 234th St.

3. Mailing Office Address
10114 234th St.

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State
O'Brien, FL

City & State
O'Brien, FL

Zip
32071

Country
Suwannee

Zip
32071

Country
Suwannee

4. State/Country of Formation
FL - Hamilton

5. Date Organized or Qualified
To Do Business in Florida **02-22-06**

6. FEI Number
20-4362317

☒ 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
Lynda M. Folsom

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

Suite, Apt. #, Etc.

City
Jasper

State Zip Code
FL 32052

☐ 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 808, F.S.

Signature of
Registered Agent

Lynda M. Folsom

REGISTERED AGENT MUST SIGN

Date **12-2-08**

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	Victor R. Metzger	10114 234th St.	O'Brien, FL 32071
MGRM	Steven R. Metzger	10114 234th St.	O'Brien, FL 32071

REINSTATEMENT 2007, 2008

11. I certify that I am managing member/manager or the receiver or trustee empowered to execute this application as provided for in chapter 808, 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

Victor R. Metzger

Date **12-02-08**

Daytime Phone# **352-317-5455**

Typed or printed name of signing Managing Member/Manager **Victor Robert Metzger**



FLORIDA DEPARTMENT OF STATE
Division of Corporations

RECEIVED

08 DEC 29 PM 3:41

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

December 10, 2008

WOODTECH LLC
10114 234TH ST
O'BRIEN, FL 32071

SUBJECT: WOODTECH, LLC
Ref. Number: L06000019496

We have received your document for WOODTECH, LLC and your check(s) totaling \$377.50. However, the document has not been filed and is being retained in this office for the following:

The name of the above referenced limited liability company is no longer available. Please file an amendment changing the name of this entity. The fee to file an amendment is \$25.00.

In order to complete your filings, both the reinstatement application and name change amendment must be submitted together along with the applicable fees for processing.

Any reinstatement application received after January 1st must include the fees for next year's annual report. Please be sure to include an additional \$516.25 if your reinstatement is submitted after January 1st.

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: 908A00059888