


# 2008 LIMITED LIABILITY COMPANY REINSTATEMENT

DOCUMENT # L06000027631	
1. Entity Name WINDSHIELD OF JACKSONVILLE, LLC	

**FILED**

09 JAN -8 PM 3:14

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

Principal Place of Business 6919 DISTRIBUTION AVE S SUITE #5 JACKSONVILLE, FL 32256	Mailing Address 6919 DISTRIBUTION AVE S SUITE #5 JACKSONVILLE, FL 32256
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2. Principal Place of Business - No P.O. Box # 2842 Daffodil Cir W Suite, Apt. #, etc.	3. Mailing Address 2842 Daffodil Cir W Suite, Apt. #, etc.
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12292008 REIN-LLC CR2E101 (1/07)

City & State Jacksonville FL	City & State Jacksonville FL
Zip 32246	Country US

4. FEI Number 20-4618675	Applied For <input type="checkbox"/> Not Applicable
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6. Name and Address of Current Registered Agent HUNTER, LEWIS B JR. 4201 BAYMEADOWS RD SUITE 4 JACKSONVILLE, FL 32217	7. Name and Address of New Registered Agent Name Cameron Siple Street Address (P.O. Box Number is Not Acceptable) 2842 Daffodil Cir W City Jacksonville FL Zip Code 32246
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5. Certificate of Status Desired <input type="checkbox"/>	\$5.00 Additional Fee Required
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8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

SIGNATURE Cameron Siple DATE 12-30-08  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

FILE NOW!!! FEE IS \$138.75 After January 1, 2009, Fee will be \$277.50	In accordance with s. 607.193(2)(b), F.S., the limited liability company did not receive the prior notice.	Make check payable to: Florida Department of State
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9. MANAGING MEMBERS/MANAGERS		10. ADDITIONS/CHANGES	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM HENDRICKSON, RON 8298 LAKEMONT DRIVE JACKSONVILLE, FL 32216 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition 700139407577 12/31/08--01080--003 ***138.75
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM SIPLE, CAMERON D 2842 DAFFODIL CIRCLE WEST JACKSONVILLE, FL 32246 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

**REINSTATEMENT**

11. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am a managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

SIGNATURE: Cameron Siple DATE 12-30-08 DAYTIME PHONE # 904-729-5844  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE