

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

LIMITED LIABILITY COMPANY REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # LO6000029277

1. Limited Liability Company's Name

VULCANO CARPENTRY LLC

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

4154 RANDI RD

Suite, Apt. #, etc.

City & State

CRESTVIEW FL

Zip

32539

Country

US

3. Mailing Office Address

4154 RANDI RD

Suite, Apt. #, etc.

City & State

CRESTVIEW

Zip

32539

Country

US

4. State/Country of Formation

FL / US

5. Date Organized or Qualified

To Do Business in Florida 03/20/2006

6. FEI Number

20-5306796

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

JHON W LOZANO-RUIZ

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

4154 RANDI RD

Suite, Apt. #, Etc.

City

CRESTVIEW

State

FL

Zip Code

32539

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)

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
MR	LOZANO-RUIZ, JHON W	4154 RANDI RD	CRESTVIEW FL 32539

500137434195
10/29/08--01037--002 **243.75

REINSTATEMENT - 07-08

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

10/20/08

Daytime Phone

(850) 428 4915

Typed or printed name of signing Managing Member/Manager

J HON LOZANO-RUIZ