

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

FILED

10 JUN 17 AM 10:31

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

300182270893
06/17/10--01051--007 **521.25

CR2E041 (05/10)

LIMITED LIABILITY
COMPANY
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # L06000053545

1. Limited Liability Company's Name

SLIDING DOOR CO OF FL, LLC

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

1319 SW 5TH AVENUE

Suite, Apt. #, etc.

City & State

BOCA RATON, FL

Zip

33432

Country

USA

3. Mailing Office Address

3601 W. ALABAMA STREET

Suite, Apt. #, etc.

#107

City & State

HOUSTON, TX

Zip

77027

Country

USA

4. State/Country of Formation

FLORIDA

5. Date Organized or Qualified
To Do Business in Florida

05/15/2006

6. FEI Number

65-1298960

☐ 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
RON JACOBS

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

1319 SW 5TH AVENUE

Suite, Apt. #, Etc.

City

BOCA RATON

State

FL

Zip Code

33432

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

Date 6/10/2010

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
PRESIDENT	RON JACOBS	5408 HUISACHE ST	HOUSTON, TX 77081

11. E-mail Address: BJACOBS@TXSLIDINGDOOR.COM

(To be used for future annual report notifications)

12. 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

Date 6/10/10

Daytime Phone # 713-850-0707

Typed or printed name of signing Managing Member/Manager RON JACOBS