

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**LIMITED LIABILITY
COMPANY.
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # L06000058333

1. Limited Liability Company's Name

JUST WOOD OF NWF, LLC

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

3108 WELLS AVENUE

Suite, Apt. #, etc.

3. Mailing Office Address

3108 WELLS AVENUE

Suite, Apt. #, etc.

City & State

CRESTVIEW, FL

City & State

CRESTVIEW, FL

Zip

32539

Country

USA

Zip

32539

Country

USA

4. State/Country of Formation

FLORIDA

5. Date Organized or Qualified

To Do Business in Florida **06/07/2006**

6. FEI Number

☐ 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

KEVIN M SHEELEY

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

3108 WELLS AVENUE

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]
REGISTERED AGENT MUST SIGN

Date

Aug 7 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
MGR	KEVIN M SHEELEY	3108 WELLS AVENUE	CRESTVIEW, FL 32539

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 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

Aug 7 08

Daytime Phone #

Typed or printed name of signing Managing Member/Manager

KEVIN M SHEELEY

Just Wood of NWF, LLC
3108 Wells Avenue
Crestview, FL 32539

.....
July 31, 2008

Department of State
Division of Corporation
P.O. Box 6327
Tallahassee, FL 32314

RE: Reinstatement Application – *Just Wood of NWF, LLC*
L06000058333

Dear Ladies and Gentlemen:

Enclosed is my application to have the above referenced corporation reinstated with the State of Florida.

As provided for in your instructions, I am respectfully requesting that the reinstatement fee be waived. I did not receive the annual report notice for the year 2007. Because I did not receive the dues notice and renew the corporation for 2007, I also did not receive a notice for 2008.

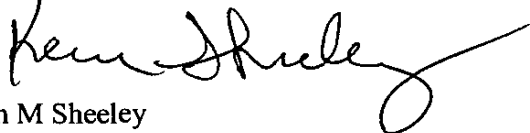
I did not realize that the reports for these years (2007-2008) had not been paid and filed. I thought my accountant would automatically do it.

Based on the explanation in this letter, please accept the enclosed check of \$300.00 to pay the annual fees (\$150 per year) for 2007-2008 and reinstate my corporation as quickly as possible.

Thank you in advance for your favorable consideration of this request.

Please call me if you have any questions or comments.

Sincerely,



Kevin M Sheeley
President/Member