

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**LIMITED LIABILITY
COMPANY
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED

09 JAN 27 PM 12:21

SECRETARY OF STATE
TALLAHASSEE FLORIDA

DOCUMENT # L06000059320

1. Limited Liability Company's Name

Brother's windows & Doors, LLC

600141892496
01/23/09--01050--007 **516.25
CR2E041 (10/08)

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

1721 Minnow Ct

Suite, Apt. #, etc.

3. Mailing Office Address

Suite, Apt. #, etc.

City & State

Kissimmee FL

City & State

Zip

34759

Country

USA

Zip

Country

4. State/Country of Formation

Florida / USA

5. Date Organized or Qualified
To Do Business in Florida

6/9/2006

6. FEI Number

20-5054134

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

Wides A. Marte

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

1721 Minnow Ct

Suite, Apt. #, Etc.

City

Kissimmee

State

FL

Zip Code

34759

☐ 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

Wides A. Marte

Date

1/21/2009

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
MGRM	Wides A Marte	1721 minnow ct	Kissimmee, FL 34759

REINSTATEMENT 07.09

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

Wides A. Marte

Date

1/21/09

Daytime Phone #

321 284-5800

Typed or printed name of signing Managing Member/Manager

Wides A. Marte

N. Outagam JAN 28 2009