

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**LIMITED LIABILITY
COMPANY
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

09 SEP -1 AM 11:00

DOCUMENT # **L06000070550**

1. Limited Liability Company's Name

**GARY THOMA FINISHED
CARPENTRY LLC**

100160133431
08/31/09--01055--008 **421.25

CR2E041 (10/08)

2. Principal Office Address - No P.O. Box # 3130 ELDORADO BLVD. N		3. Mailing Office Address 3130 ELDORADO BLVD. N	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State CAPE CORAL FL		City & State CAPE CORAL FL	
Zip 33993	Country LEE	Zip 33993	Country LEE

4. State/Country of Formation FLORIDA	
5. Date Organized or Qualified To Do Business in Florida 7-17-06	
6. FEI Number	<input checked="" type="checkbox"/> Applied For <input type="checkbox"/> Not Applicable
7. CERTIFICATE OF STATUS DESIRED <input checked="" type="checkbox"/> \$5.00 Additional Fee required for a Certificate of Status	

8. Name and Address of Current Registered Agent			
Name GARY THOMA			
Street Address (P.O. Box Number is Not Acceptable) 3130 ELDORADO BLVD. N			
Suite, Apt. #, Etc.			
City CAPE CORAL	State FL	Zip Code 33993	

☒ 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 **GARY D. THOMA** Date **8-28-09**
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
MGR	GARY THOMA	3130 ELDORADO BLVD	CAPE CORAL FL 33993

REINSTATEMENT 2007-2009

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 **GARY D. THOMA** Date **8-28-09** Daytime Phone # **239-878-2138**

Typed or printed name of signing Managing Member/Manager **GARY D. THOMA**

T. Hampton SEP -2 2009