

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**LIMITED LIABILITY
COMPANY
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # L06000093337

1. Limited Liability Company's Name

Roman's Carpentry LLC

FILED

09 OCT -1 PM 2:36

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

700159077217
07/30/09--01048--003 **416.25

CR2E041 (10/08)

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

14920 Perdido Dr

Suite, Apt. #, etc.

3. Mailing Office Address

Suite, Apt. #, etc.

City & State

Orlando, FL

City & State

Zip

32828

Country

Orange

Zip

Country

4. State/Country of Formation

Florida

5. Date Organized or Qualified
To Do Business in Florida

09.21.2006

6. FEI Number

205616960

☐ 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

Roman Nahirnyy

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

14920 Perdido Dr

Suite, Apt. #, Etc.

City

Orlando

State

FL

Zip Code

32828

☒ 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

Roman Nahirnyy

REGISTERED AGENT MUST SIGN

Date

9-22-09

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
<u>preside</u>	<u>Roman Nahirnyy</u>	<u>14920 Perdido Dr</u>	<u>Orlando FL 32828</u>

REINSTATEMENT

2008-09

EXAMINER
60029 6 2009
S. HAWKES

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

Roman Nahirnyy

Date

7-22-09

Daytime Phone #

7-22-09

Typed or printed name of signing Managing Member/Manager

ROMAN NAHIRNYX

407-275-6830



FLORIDA DEPARTMENT OF STATE
Division of Corporations

August 6, 2009

ROMAN'S CARPENTRY LLC
14920 PERDIDO DR
ORLANDO, FL 32828

SUBJECT: ROMAN'S CARPENTRY LLC
Ref. Number: L06000093337

We have received your document for ROMAN'S CARPENTRY LLC and your check(s) totaling \$416.25. However, the enclosed document has not been filed and is being returned for the following correction(s):

The name of the above referenced limited liability company is no longer available. Please file an amendment changing the name of this entity. The fee to file an amendment is \$25.00.

In order to complete your filings, both the reinstatement application and name change amendment must be submitted together along with the applicable fees for processing.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6955.

Suzanne Hawkes
Regulatory Specialist II

Letter Number: 609A00026964