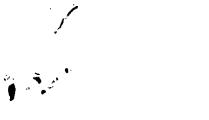
## PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

LIMITED LIABILITY COMPANY REINSTATEMENT	FLORIDA DEPARTMENT OF STATE Secretary of State DIVISION OF CORPORATIONS	FILED 09 OCT -1 PM 2: 36
DOCUMENT # LO6000093337  1. Limited Liability Company's Name		SEGRETARY OF STATE TALLAHASSEL, FLORIDA
Roman's Carpentry 116		700159077217 07/30/0901048003 **416.25
2. Principal Office Address - No P.Q. Box #	3. Mailing Office Address	CR2E041 (10/08)
14920 perdido or		4. State/Country of Formation
Suite, Apt. #, etc.	Suite, Apt. #, etc.	#/OCI dQ  5. Date Organized or Qualified
City & State	City & State	To Do Business in Florida 09. 21, 2006
Orlando, FL		6. FEI Number Applied For ∠ 056/6960 Not Applicable
32828 Orange	Zip Country	7. CERTIFICATE OF STATUS DESIRED S5.00 Additional Fee required for a Certificate of Status
8. Name and Address of Current Registered Agent		/
Name Pomon Mo Hi	CNIN	A \$100 reinstatement fee is imposed, except
Street Address (P.O. Box Number is Not Acceptable)	1 1 1 1 1 1	in circumstances which the entity did not receive the prior notices. By checking this
14920 perdido dr		box, you are certifying the prior notices were
Suite, Apt. #, Etc.		not received and requesting the \$100 reinstatement be waived.
city OrLando	State Zip Code FL 32828	TEHISLACINE NO WALVOO.
9. I, being appointed the registered agent of the above	ve named limited liability company, am familiar with and a	accept the obligations of Chapter 608, F.S.
Signature of Registered Agent ROMAN Malainuy() REGISTERED AGENT MUST SIGN		Date 9-22 - 09
10. Names and Street Addresses of Managing Mem	nbers/Managers	
Titles Name of Managing Members/Manage	Street Address of Each ers Managing Member/ Mana	
preside Roman Nahirr	14920 Perdide	odr Orlando F1 32828
		EXAMINER
	n m	6007 9 TON
	RHINSTATEM	3114
	0 01	S. HAMKES TVI
	0001-09	
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		
Signature of Managing Member/Manager	( / //	22-09 Daytime Phone# 7-22-09
Typed or printed name of signing Managing Member/Manager		





## 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