

2007 LIMITED LIABILITY COMPANY REINSTATEMENT

DOCUMENT # L06000115747	
1. Entity Name DDT CARPENTRY & TRIM, LLC	



FILED
07 NOV 29 PM 2:05
SECRETARY OF STATE
TALLAHASSEE, FLORIDA



11152007 REIN-LLC CR2E101 (1/07)

Principal Place of Business 2901S. PENINSULA DR. DAYTONA BCH. SHORES, FL 32118 US	Mailing Address 2901S. PENINSULA DR. DAYTONA BCH. SHORES, FL 32118 US
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2. Principal Place of Business - No P.O. Box #		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country

4. FEI Number	<input type="checkbox"/> Applied For <input checked="" type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input checked="" type="checkbox"/> \$5.00 Additional Fee Required	

6. Name and Address of Current Registered Agent CORPORATION SERVICE COMPANY 1201 HAYS STREET TALLAHASSEE, FL 32301

7. Name and Address of New Registered Agent	
Name	
Street Address (P.O. Box Number is Not Acceptable)	
City	FL Zip Code

8. The above named entity submits this statement for the purpose of changing its registered office and/or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.	
SIGNATURE <i>Sue G. Knight</i> <small>Signature, typed or printed name of registered agent and title if applicable.</small>	DATE <i>11-29-07</i> <small>(NOTE: Registered Agent signatures required when reinstating)</small>

FILE NOW!!! FEE IS \$150.00 After January 1, 2008, Fee will be \$200.00	Make check payable to Florida Department of State
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9. MANAGING MEMBERS/MANAGERS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
MGRM IHRIG, DAVID P 2901 S. PENINSULA DR. DAYTONA BCH. SHORES, FL 32118	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete

10. ADDITIONS/CHANGES	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

REINSTATEMENT 2007

11. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am a managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.	
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SIGNATURE: <i>David Ihrig</i> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE</small>	DATE <i>11/27/07</i> <small>Date</small>	DAYTIME PHONE <i>(386) 316-0032</i> <small>Daytime Phone #</small>
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CORPORATION SERVICE COMPANY

LOG000115747

ACCOUNT NO. : 072100000032

REFERENCE : 335001 7560616

AUTHORIZATION :

COST LIMIT : \$ 155.00

ORDER DATE : November 28, 2007

ORDER TIME : 10:21 AM

ORDER NO. : 335001-005

CUSTOMER NO: 7560616

FILED
07 NOV 29 PM 2:05
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOMESTIC FILINGS

NAME: DDT CARPETRY & TRIM, LLC

XX REINSTATEMENT

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

- CERTIFIED COPY
- XX PLAIN STAMPED COPY
- XX CERTIFICATE OF GOOD STANDING

RECEIVED
DEPARTMENT OF STATE
DIVISION OF CORPORATIONS
2007 NOV 29 PM 12:39
TO ACNOWLEDGE
SUFFICIENCY OF FILING

CONTACT PERSON: Susie Knight - Ext# 2956

EXAMINER'S INITIALS _____