

**PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.**

**LIMITED LIABILITY  
COMPANY  
REINSTATEMENT**

FLORIDA DEPARTMENT OF STATE  
Secretary of State  
DIVISION OF CORPORATIONS

DOCUMENT # *LO7000019743*

1. Limited Liability Company's Name

*GRIFFEE-TRIM CARPENTRY, LLC*

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

*2612 Centerville rd.*

Suite, Apt. #, etc.

3. Mailing Office Address

*2612 Centerville rd.*

Suite, Apt. #, etc.

City & State

*Tallahassee, FL.*

City & State

*Tallahassee, FL.*

Zip

*32308*

8. Name and Address of Current Registered Agent

Name

*GREG GRIFFEE*

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

*2612 CENTERVILLE Rd.*

Suite, Apt. #, Etc.

City

*TALLAHASSEE*

State

*FL*

Zip Code  
*32308*

9. I, being appointed the registered agent of the above named limited liability company, am familiar with and

Signature of  
Registered Agent

*GREG GRIFFEE*  
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
MGM	<i>GREG GRIFFEE</i>	<i>2612 CENTERVILLE TALLAHASSEE, FLA.</i>

**REINSTATEMENT**

11. I certify that I am managing member/manager or the receiver or trustee empowered to execute this application. In filing this reinstatement application the reason for dissolution has been eliminated, the limited liability company and all fees owed by the limited liability company have been paid. The information indicated on this application is true as if made under oath.

Signature of  
Managing Member/Manager

*GREG GRIFFEE*

Date *2*

Typed or printed name of signing Managing Member/Manager

**FILED**

09 FEB -9 PM 1:50

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

CR2E041 (10/08)

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

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.

accept the obligations of Chapter 608, F.S.

lication as provided for in chapter 608, F.S. I further certify that when  
pany name satisfies the requirements of section 608.406, F.S., and that  
is true and accurate, and my signature shall have the same legal effect