

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

LIMITED LIABILITY  
COMPANY  
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE  
Secretary of State  
DIVISION OF CORPORATIONS

FILED

11 NOV -3 PM 1:28

FLORIDA DEPARTMENT OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT #

1. Limited Liability Company's Name

Acoustical installer LC  
L07000036183

KS

REINSTATEMENT 09-11

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

4127 Herring St

Suite, Apt. #, etc.

3. Mailing Office Address

4127 Herring St

Suite, Apt. #, etc.

City & State

MARIANNA FL

City & State

MARIANNA FL

Zip

32448

Country

JACKSON

Zip

32448

Country

JACKSON

4. State/Country of Formation

FL JACKSON

5. Date Organized or Qualified  
To Do Business in Florida

6. FEI Number

32-0704744

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

Edwin Arroyo

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

4127 Herring St

Suite, Apt. #, Etc.

City

MARIANNA

State

FL

Zip Code

32448

E-mail Address:

700213966617  
11/03/11--01004--011 \*\*521.25

(To be used for future annual report notices)

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

*Edwin Arroyo*

Date 11-2-11

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
owner	Edwin Arroyo	4127 Herring St	MARIANNA FL 32448

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. I am aware that false information submitted in a document to the Department of State constitutes a third degree felony as provided for in s.817.155, F.S.

Signature of Managing  
Member/Manager

*Edwin Arroyo*

Date 11/2/11

Daytime Phone #

(850) 625-6900

Typed or printed name of signing Managing Member/Manager