LIMITED LIABILITY COMPANY REINSTATEMENT

FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED

09 OCT -7 PM 12: 57

SECRETARY OF STATE
TALLAHASSEE. FLORIDA

DOCUMENT # *L07000050926*

1. Limited Liability Company's Name

BW Carpentry, LLC

CR2E041 (10/08)

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

4417 Park Lk St

Suite, Apt. #, etc.

3. Mailing Office Address

Same

Suite, Apt. #, etc.

City & State

Orlando FL

Zip	Country
32803	*USA*

City & State

Zip	Country

4. State/Country of Formation

Fl USA

5. Date Organized or Qualified To Do Business in Florida *5-14-07*

6. FEI Number *27-1024066* ☐ 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 *Robert A Wing Jr*

Street Address (P.O. Box Number is Not Acceptable)
4417 Park Lake St

Suite, Apt. #, Etc.

City	State	Zip Code
Orlando	FL	*32803*

☒ 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 _____
REGISTERED AGENT MUST SIGN

Date *9-27-09*

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
Mgrm	*Robert A Wing Jr*	*4417 Park Lk St*	*Orlando Fl 32803*

10/07/09--01025--010 **277.50
4AB1C1440614
10/07/09--01025--010 **277.50

REINSTATEMENT *08-09*

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 Managing Member/Manager _____

Date *9-27-09* Daytime Phone # *4077586434*

4077586434

Typed or printed name of signing Managing Member/Manager _____