


2009 LIMITED LIABILITY COMPANY REINSTATEMENT

DOCUMENT # L07000075545		
1. Entity Name JOHN GRANT VINYL SIDING L.L.C.		
Principal Place of Business 3767 BASSETT DAIRY RD MONTICELLO, FL 32344		Mailing Address 3767 BASSETT DAIRY RD MONTICELLO, FL 32344
2. Principal Place of Business - No P.O. Box # 3433 Drury St.	3. Mailing Address 3433 Drury St.	
Suite, Apt. #, etc.	Suite, Apt. #, etc.	
City & State Tallahassee, FL	City & State Tallahassee, FL	
Zip 32305	Country	

FILED

09 JAN 30 AM 10:53

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



01302009 REIN-LLC CR2E101 (1/07)

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

6. Name and Address of Current Registered Agent GRANT, JOHN 3767 BASSETT DAIRY RD MONTICELLO, FL 32344	7. Name and Address of New Registered Agent Name: Grant, John Street Address (P.O. Box Number is Not Acceptable): 3433 Drury St. City: Tallahassee FL Zip Code: 32305
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8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

SIGNATURE: *John Grant* DATE: 01/30/09

Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

FILE NOW!!! FEE IS \$277.50	In accordance with s. 607.193(2)(b), F.S., the limited liability company did not receive the prior notice.	Make check payable to Florida Department of State
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9. MANAGING MEMBERS/MANAGERS		10. ADDITIONS/CHANGES	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM GRANT, JOHN 3767 BASSETT DAIRY RD MONTICELLO, FL 32344 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM Grant, John 3433 Drury St. Tallahassee, FL 32305 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM STRICKLAND, SAM 710 HILL STREET RD MONTICELLO, FL 32344 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	000142468960 01/30/09--01010--004 **\$277.50 <input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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REINSTATEMENT

08-09 *ae* 1-30-09

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.

SIGNATURE: *John Grant* DATE: 01/30/09

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE