

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**LIMITED LIABILITY
COMPANY**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED

2010 MAY -4 PM 1:32

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

700180050777
05/03/10--01016--005 **438.75

CR2E041 (11/09)

DOCUMENT # LO900011416

1. Limited Liability Company's Name

North Florida Vinyl LLC
9693 Butterfly Trail
Tallahassee, FL 32305

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

9693 Butterfly Trail

3. Mailing Office Address

Same

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

Tallahassee, Florida

City & State

Zip

32305

Country

Leon

Zip

32305

Country

Leon

4. State/Country of Formation

FL

US

5. Date Organized or Qualified
To Do Business in Florida

2-4-09

6. FEI Number

☒ 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

Werner Randolph

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

9693 Butterfly Trail

Suite, Apt. #, Etc.

City

Tallahassee, Florida

State

FL

Zip Code

32305

☐ 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

[Signature]

REGISTERED AGENT MUST SIGN

Date April 30, 2010

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
Myself	Werner W Randolph	9693 Butterfly Trail	Tallahassee, FL 32305

11. E-mail Address:

(To be used for future annual report notifications)

12. 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

[Signature]

Date 4/30/2010

Daytime Phone #

850 264-3653

Typed or printed name of signing Managing Member/Manager