

FILED

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

2011 JAN 24 AM 10:12

SECRETARY OF STATE  
TALLAHASSEE, FLORIDALIMITED LIABILITY  
COMPANY  
REINSTATEMENTFLORIDA DEPARTMENT OF STATE  
Secretary of State  
DIVISION OF CORPORATIONS

DOCUMENT # L09000028548

1. Limited Liability Company's Name

Vinyl King Siding LLC.

600192292716  
01/24/11--01003--019 \*\*377.50

CR2E041 (1/11)

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

6842 Tomy Lee Tr.

Suite, Apt. #, etc

3. Mailing Office Address

Suite, Apt. #, etc

City &amp; State

Tallahassee Florida

City &amp; State

Zip

32309

Country

USA

Zip

Country

4. State/Country of Formation

Florida

5. Date Organized or Qualified  
To Do Business in Florida

3/24/09

6. FEI Number

☒ Applied For☐ Not Applicable7. CERTIFICATE OF STATUS DESIRED ☐\$5.00 Additional Fee required  
for a Certificate of Status

8. Name and Address of Current Registered Agent

Name

Matt Richardson

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

6842 TOMY LEE TR.

Suite, Apt. #, Etc

Tallahassee

State

FL

Zip Code

32309

E-mail Address:

VinylKingSiding@yahoo.com  
(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

Date

1/24/11

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
MANAGER	Matt Richardson	6842 TOMY LEE TR.	Tallahassee FL 32309

J. SAULSBERRY  
EXAMINER

JAN 24 2011

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

Date

1/24/11

Daytime Phone #

(850) 251-0969

Typed or printed name of signing Managing Member/Manager

Matt Richardson