

# 2012 LIMITED LIABILITY COMPANY REINSTATEMENT

DOCUMENT # L09000028548

1. Entity Name  
VINYL KING SIDING LLC



FILED

12 OCT 10 PM 12:56

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

Principal Place of Business  
6842 TOMY LEE TRAIL  
TALLAHASSEE, FL 32309

Mailing Address  
6842 TOMY LEE TRAIL  
TALLAHASSEE, FL 32309

2. Principal Place of Business - No P.O. Box #

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

10102012 REIN-LLC CR2E101 (12/11)

4. FEI Number

APPLIED FOR

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$5.00 Additional  
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

RICHARDSON, MATT  
6842 TOMY LEE TRAIL  
TALLAHASSEE, FL 32309

Name

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

City

FL

Zip Code

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW!!! FEE IS \$238.75  
After January 1, 2013, Fee will be \$377.50

Make check payable to  
Florida Department of State

9. MANAGING MEMBERS/MANAGERS

TITLE  
NAME  
STREET ADDRESS  
CITY- ST- ZIP

MGRM  
RICHARDSON, MATT  
6842 TOMY LEE TRAIL  
TALLAHASSEE, FL 32309

☐ Delete

10. ADDITIONS/CHANGES

TITLE  
NAME  
STREET ADDRESS  
CITY- ST- ZIP

☐ Change ☐ Addition  
800240678398  
10/10/12--01015--012 \*\*238.75

TITLE  
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STREET ADDRESS  
CITY- ST- ZIP

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☐ Change ☐ Addition

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:

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

E-MAIL ADDRESS

REINSTATEMENT

1202

10-10-12

VinylKingSiding@yahoo.com