

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**LIMITED LIABILITY
COMPANY
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # L09000104687

1. Limited Liability Company's Name

S & D Woodworks LLC

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

15551 County Road 136

3. Mailing Office Address

15551 County Rd 136

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

Live Oak Florida

City & State

Live Oak Florida

Zip

32060

Country

US

Zip

32060

Country

US

4. State/Country of Formation

Florida

5. Date Organized or Qualified
To Do Business in Florida

11-01-2009

6. FEI Number

27-1224732

☐ 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

Donna Baker

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

15551 County Road 136

Suite, Apt. #, Etc.

City

Live Oak

State

FL

Zip Code

32060

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

Donna L. Baker

REGISTERED AGENT MUST SIGN

Date

1-7-11

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	Donna Baker	15551 County Rd 136	Live Oak FL 32060
MBR	Steven Baker	15551 County Rd 136	Live Oak FL 32060

11. E-mail Address S&D Woodworks@gmail.com

(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

Donna L. Baker

Date

1-7-11

Daytime Phone #

386-362-3449

Typed or printed name of signing Managing Member/Manager

Donna L. Baker