

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

LIMITED LIABILITY
COMPANY
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

13 SEP -6 PM 4:15

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # L11000100968

1. Limited Liability Company's Name

Mikes Roof Tile And Leak Repairs LLC

REINSTATEMENT

CR2E041 (1/11)

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

710 10th St. S.E.

Suite, Apt. #, etc.

3. Mailing Office Address

710 10th St. S.E.

Suite, Apt. #, etc.

City & State

Naples, Fl.

City & State

Naples, Fl.

Zip

34117

Country

USA

Zip

34117

Country

USA

4. State/Country of Formation

State Certified

5. Date Organized or Qualified
To Do Business in Florida

1991

6. FEI Number

261-83-3534

Applies 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

Michael R. Marolle

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

710 10th St. S.E.

Suite, Apt. #, etc.

City

Naples

State

FL

Zip Code

34117

E-mail Address.

900251488019
09/06/13--01017--011 **\$77.50

marolle.michael@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

Michael R. Marolle

Date

9/3/2013

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

900251488019
09/06/13--01017--012 **\$5.00

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 608.405, 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

Michael R. Marolle

Date

9/3/2013

Daytime Phone #

(239) 961-2366

Typed or printed name of signing Managing Member/Manager

SEP - 6 2013