

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM

**LIMITED LIABILITY
COMPANY
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # L14000035939

1. Limited Liability Company's Name

METAL ROOFING SYSTEMS OF FLORIDA LLC

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

3327 NW 58 Place

Suite, Apt. #, etc.

City & State

Gainesville

Zip

32653

Country

USA

3. Mailing Office Address

S/A

Suite, Apt. #, etc.

City & State

FL

Zip

Country

8. Name and Address of Current Registered Agent

Name

Jasson Johnson

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

3327 NW 58 Place

Apt. #, Etc.

City

Gainesville

State

FL

Zip Code

32653

CR2E041 (1/14)

4. State/Country of Formation

FL/US

5. Date Organized or Qualified

To Do Business in Florida **3/4/2014**

6. FEI Number

Applied For

Not Applicable

7. CERTIFICATE OF STATUS DESIRED ☒

\$5.00 Additional Fee required
for a certificate of status

800290404328
09/20/16--01011--005 **377.50

9. I, being appointed the registered agent of the above named limited liability company, am familiar with and accept the obligations of Chapter 605, F.S.

Signature of
Registered Agent

REGISTERED AGENT MUST SIGN

Date **9/14/2016**

10. Names and Street Addresses of Authorized Representatives/Managers

Titles	Name of Authorized Representatives/ Managers	Street Address of Each Authorized Representative/ Manager	City / State / Zip
MGRM	Jasson Johnson	3327 NW 58 Place	Gainesville, FL. 32653

11. E-mail Address **jassonmjohnson@gmail.com**

(To be used for future annual report notifications)

12. I certify that I am an authorized representative/ manager or the receiver or trustee empowered to execute this application as provided for in Chapter 605, 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 requirement of section 605.0012, 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 authorized representative/member

Date **9/14/2016**

Daytime Phone # **386-344-7263**

Typed or printed name of signing authorized representative/member: **Jasson M Johnson**