PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

LIMITED LIABILITY COMPANY REINSTATEMENT PROCUMENT # 29000003362 1. Unified Liability Company is Name The Compan			•	
DOCUMENT # 4900000 3362 1. Limited Listinity Company's Name Manne Document State 2. Principal Office Address PARY ASSE 3. Mailing Office Address PARY ASS 3. Date Cognitive of Formation FEL USA 5. Date Cognitive of Formation FEL USA FEL USA 5. Date Cognitive of Formation FEL USA 5. Date Cognitive of Formation FEL USA 5. Date Cognitive of Formation FEL USA FEL USA 5. Date Cognitive of Formation FE	COMPANY REINSTATEMENT	Secretary of State DIVISION OF CORPORATIONS		
2. Principal Office Address PD BOX ST9 Suita, Apt. #, etc. Suita,	1. Limited Liability Company's Name		ON TON OF CORPORATIONS	
City & State Windows Mark Lip Country Zip Country Zip Country Zip Country Zip Country Zip Country Zip Country S. Name and Address of Current Registered Agent Name Douglas Street Address (P.O.Bys) Number is Nict Acceptable) Street Address (P.O.Bys) Number is Nict Acceptable) Suite, Apt. #, Etc. City Tallah acce File Zip Code File Zip Code	PO Box 289	Po Box 089	4. State/Country of Formation FUNSA 5. Date Organized or Qualified	
Name Douglas S. Lyons Street Address (P.O.Bab Nymber is Not Acceptable) Surfe, Apt. #, Etc. City Tallah abble 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 BESTETERED AGENT MUST SIGN 10. Names and Street Addresses of Managing Members/Managers Titles Name of Managing Members/Managers Street Address of Each Managing Members/Managers Titles Name Charles E. Hawshorn, Jr. 1557 Cristabal Dr. Tallahassel, Ft. 35308 11. Leertify 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	Windermere, FL Zip Country	Windermere, FL	6. FEI Number Applied For Not Applicable 7. STONICANE OF STANIO DEGIDED BY \$5.00 Additional Fee required	
Signature of Registered Agent 10. Names and Street Addresses of Managing Members/Managers Titles Name of Managing Members/Managers Street Address of Each Managing Members/Managers City / State / Zip MGRM Charles E. Hawkhorn Jr. 1557 Cristobal Jr. Tallahassee, FE. 33308 11. Leertify that Lam 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	Name Douglas S. Lyons Street Address (P.O. Box Number is Not Acceptable) 305 Suite, Apt. #, Etc. Suite, Apt. #, Etc.			
Titles Name of Managing Members/Managers Street Address of Each Managing Members/Manager City / State / Zip MGRM Charles E. Hawkorn Jr. 1557 Cristobal Dr. Tallahasse, FE. 35888 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	Signature of Registered Agent Date			
Managing Members/Managers Managing Members/Manager Managing Members/	Nome of	 _		
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	Managing Members/Manage	Managing Member/Mana	iger City / State / Zip	
	MGRM Charles E. Haw	Alborne Jr. 1557 Cristobal	Dr. Jallahossee, FL 30808	
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 Charles Aucultum Daytime Phone# 407 - 876 - 7688 Typed or printed name of signing Managing Member/Manager Wayles E. Hally Horne, W.				