PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

(1)

LIMITED LIABILITY COMPANY REINSTATEMENT

FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
01 NOV -2 PM 12:26

VA 11/2

000004669830--4
-11/06/01--01090--006
****150.00 ****150.00

DOCUMENT # L00000001519

1. Limited Liability Company's Name

Big Cat's Contractor Services, LLC

2. Principal Office Address		**3.** Mailing Office Address	
13245 Atlantic Blvd.		13245 Atlantic Blvd.	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
Suite 4-361		Suite 4-361	
City & State		City & State	
Jacksonville, Florida		Jacksonville, Florida	
Zip	Country	Zip	Country
32225	USA	32225	USA

4. State/Country of Formation
Florida / USA

5. Date Organized or Qualified To Do Business in Florida
February 8, 2000

6. FEI Number
59-3622834
☐ 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
John B. Moss

Street Address (P.O. Box Number is Not Acceptable)
1530 Business Center Drive

Suite, Apt. #, Etc.
Suite 4

City	State	Zip Code
Orange Park	FL	32003

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 _____ Date 10-15-01

REGISTERED AGENT MUST SIGN

CR2E041 (9/00)

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	Joel Smeenge	13245 Atlantic Blvd. Ste. 4-361	Jacksonville, FL 32225
MGRM	Todd Fordham	13245 Atlantic Blvd. Ste. 4-361	Jacksonville, FL 32225
MGRM	Patrick Keller	13245 Atlantic Blvd. Ste. 4-361	Jacksonville, FL 32225

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 608.406, 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 _____ Date 10-15-01 Daytime Phone # (904) 242-9978

Typed or printed name of signing Managing Member/Manager PATRICK KELLER