

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

FILED
08 JUL 20 AM 10:13
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

LIMITED LIABILITY
COMPANY
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # L05000040904

1. Limited Liability Company's Name

HAMMER DOWN CONSTRUCTION, LLC

CR2E041 (12/07)

2. Principal Office Address - No P.O. Box # 116 13th STREET Suite, Apt. #, etc.		3. Mailing Office Address 116 13th STREET Suite, Apt. #, etc.	
City, & State SANTA ROSA BEACH, FL		City, & State SANTA ROSA BEACH, FL	
Zip 32459	Country US	Zip 32459	Country US

4. State/Country of Formation FLORIDA	
5. Date Organized or Qualified To Do Business in Florida 04/26/2005	
6. FEI Number 20-2729580	Applied For <input type="checkbox"/> Not Applicable
7. CERTIFICATE OF STATUS DESIRED <input type="checkbox"/> \$5.00 Additional Fee required for a Certificate of Status	

8. Name and Address of Current Registered Agent

Name SPENSER BELL			
Street Address (P.O. Box Number is Not Acceptable) 116 13th STREET			
Suite, Apt. #, Etc.			
City SANTA ROSA BEACH	State FL	Zip Code 32459	

A \$100 reinstatement fee is imposed, except in circumstances which the entity did not receive the prior notices. By checking this box, you are certifying the prior notices were not received and requesting the \$100 reinstatement be waived.

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 *Spenser Bell* Date 6-5-2008
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
MGRM	SPENSER BELL	116 13th STREET	SANTA ROSA BEACH, FL 32459

200131000806
05/05/08--01036--005 **77.50
000133970960
08/05/08--01007--008 **38.75
400131000824
05/05/08--01036--005 **300.00

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 608.406, 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 *Spenser Bell* Date 6-5-2008 Daytime Phone # 850-753-6325
Typed or printed name of signing Managing Member/Manager SPENSER BELL