

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**LIMITED LIABILITY  
COMPANY  
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE  
Secretary of State  
DIVISION OF CORPORATIONS

**FILED**

09 AUG 27 AM 8:45

SECRETARY OF STATE  
TALLAHASSEE FLORIDA

**DOCUMENT #**

1. Limited Liability Company's Name

LD50000105762

McCrink Underground & Communications Ltd, Co.

W09-37117

CR2E041 (10/08)

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

16031 Worthington Blvd

Suite, Apt. #, etc.

**3. Mailing Office Address**

16031 Worthington Blvd

Suite, Apt. #, etc.

City & State

Mascotte, FL

City & State

Mascotte, FL

Zip

34753

Country

US

Zip

34753

Country

US

**4. State/Country of Formation**

FL United States

**5. Date Organized or Qualified**

To Do Business in Florida 11/05

**6. FEI Number**

711030314

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

Jeffrey M McCrink

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

16031 Worthington Blvd

Suite, Apt. #, Etc.

City

Mascotte

State

FL

Zip Code

34753

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

*Jeff McCrink*

REGISTERED AGENT MUST SIGN

Date

7-27-09

**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
MGR	Jeff McCrink	16031 Worthington	Mascotte, FL 34753
	L. SELLERS		
	SEP: - 1 2009		
	EXAMINER		

**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

*Jeff McCrink*

Date

7-27-09

Daytime Phone #

352-516-9343

Typed or printed name of signing Managing Member/Manager