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PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

LIMITED LIABILITY COMPANY REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED
15 FEB -6 PM 2:17
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # LO9000059289

1. Limited Liability Company's Name
Samson Construction, LLC

REINSTATEMENT 2010-2015
CR2E041 (1/14)

2. Principal Office Address - No P.O. Box #
1981 Freeport Dr.

3. Mailing Office Address
1981 Freeport Dr.

Suite, Apt. #, etc.

City & State
Riviera Beach, FL

City & State
Riviera Beach, FL

Zip Country
33404 U.S.

Zip Country
33404 U.S.

4. State/Country of Formation
FL, United States

5. Date Organized or Qualified To Do Business in Florida
02/21/2008

6. FEI Number
26-1924777

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
Solomon Burgess

Street Address (P.O. Box Number is Not Acceptable)
1981 Freeport Dr.

Suite, Apt. #, Etc.

City
Riviera Beach

State
FL

Zip Code
33404

100269230361
02/06/15--01008--010 **957.50

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 Solo Burg Date 2/2/2015

REGISTERED AGENT MUST SIGN

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
MGR	Solomon Burgess	1981 Freeport Dr.	Riviera Beach, FL 33404
MGR	Jami AP Grayson	15350 Amberly Dr.	Tampa, FL 33647

11. E-mail Address: Solomon.Burgess@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 requirements 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 to the Department of State constitutes a third degree felony as provided in s. 817.155, F.S.

Signature of Authorized Representative/Manager Solo B Date 2/2/2015 Daytime Phone # 561-818-3155

Typed or printed name of signing Authorized Representative/Manager Solomon Burgess

M. MILLIGAN
EXAMINER

FEB 6 2015

**CORPORATE
ACCESS,
INC.**

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236 East 6th Avenue, Tallahassee, Florida 32303
P.O. Box 37066 (32315-7066) ~ (850) 222-2666 or (800) 969-1666. Fax (850) 222-1666

WALK IN

PICK UP: 2/5/15 Almba

- CERTIFIED COPY _____
- PHOTOCOPY _____
- CUS _____
- FILING Reinstatement

1. SAMSON Construction LLC
(CORPORATE NAME AND DOCUMENT #)
2. _____
(CORPORATE NAME AND DOCUMENT #)
3. _____
(CORPORATE NAME AND DOCUMENT #)
4. _____
(CORPORATE NAME AND DOCUMENT #)
5. _____
(CORPORATE NAME AND DOCUMENT #)
6. _____
(CORPORATE NAME AND DOCUMENT #)

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SPECIAL INSTRUCTIONS:

I Solomon Burgess wish to Dissolve
Samson Construction, LLC 14000189005 and
will not Revoke the Dissolution. I also wish to
Reinstate Samson Construction, LLC L09000059289.
I am the owner of both Companies.

Solo Burge

Solomon Burgess 2/3/2015