


2011 LIMITED LIABILITY COMPANY REINSTATEMENT

DOCUMENT # L10000051801

1. Entity Name
FRANK JOHNSON CONSTRUCTION, LLC



FILED

11 NOV -4 PM 2:09

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Principal Place of Business
**17 ANDREW SPEARS RD.
CRAWFORDVILLE, FL 32327**

Mailing Address
**P O BOX 642
CRAWFORDVILLE, FL 32326**



2. Principal Place of Business - No P.O. Box #
Suite, Apt. #, etc.

3. Mailing Address
Suite, Apt. #, etc.

11042011 REIN-LLC CR2E101 (1/07)

City & State
Zip Country

4. FEI Number Applied For
Not Applicable

5. Certificate of Status Desired \$5.00 Additional Fee Required

6. Name and Address of Current Registered Agent

**MARTIN, CHERYL
1589 METROPOLITAN BLVD
SUITE 102
TALLAHASSEE, FL 32308**

7. Name and Address of New Registered Agent

Name **Frank Johnson**
Street Address (P.O. Box Number is Not Acceptable)
17 Andrew Spears Rd
City **Crawfordville** FL Zip Code **32327**

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with and accept the obligations of registered agent.

SIGNATURE *Frank Johnson* DATE **11-4-11**

Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

**FILE NOW!!! FEE IS \$238.75
After January 1, 2012, Fee will be \$377.50**

**Make check payable to
Florida Department of State**

9. MANAGING MEMBERS/MANAGERS

TITLE	P	<input type="checkbox"/> Delete
NAME	JOHNSON, FRANK	
STREET ADDRESS	P O BOX 642	
CITY - ST - ZIP	CRAWFORDVILLE, FL 32326	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY - ST - ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY - ST - ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY - ST - ZIP		

10. ADDITIONS/CHANGES

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY - ST - ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY - ST - ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY - ST - ZIP		

600213993813
11/04/11--01018--013 **238.75

11. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my signature shall have the same legal effect as if made under oath, that I am a managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

SIGNATURE: *Frank Johnson* DATE: **11-4-11** DAYTIME PHONE #: **570-929129**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE