

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**LIMITED LIABILITY COMPANY REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE  
Secretary of State  
DIVISION OF CORPORATIONS

FILED

12 DEC 12 PM 2:45

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # M05000000519

1. Limited Liability Company's Name

Meadows Construction Company, LLC

**REINSTATEMENT**

11-12

CR2E041 (1/11)

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

166 Middle Rd

Suite, Apt. #, etc.

3. Mailing Office Address

4 New Pasture Rd

Suite, Apt. #, etc.

4. State/Country of Formation

Massachusetts/USA

5. Date Organized or Qualified To Do Business in Florida

2/1/2005

City & State

Byfield, MA

City & State

Newburyport, MA

6. FEI Number

043786286

Applied For

Not Applicable

Zip

01922

Country

USA

Zip

01950

Country

USA

7. CERTIFICATE OF STATUS DESIRED

\$5.00 Additional Fee required for a Certificate of Status

8. Name and Address of Current Registered Agent

Name

George Meadows

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

718 North Florida Avenue

Suite, Apt. #, Etc.

City

DeLand

State

FL

Zip Code

32720

E-mail Address:

200242423702  
12/04/12--01024--003 \*\*382.50

mcc1996@Comcast.net

(To be used for future annual report notices)

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

*George D Meadows*

Date 12/3/12

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
MGR	Michael Meadows	166 Middle Road	Byfield, MA 01922
MGR	Brian Dias	166 Middle Road	Byfield, MA 01922

DEC 12 2012

S. PRATHER

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. I am aware that false information submitted in a document to the Department of State constitutes a third degree felony as provided for in s.817.155, F.S.

Signature of Managing Member/Manager

*Michael Meadows*

Date

Daytime Phone # 978 465 4735

Typed or printed name of signing Managing Member/Manager

Michael Meadows