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16 MAR 14 PM 3:01

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

LIMITED LIABILITY COMPANY REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # M14000007815

1. Limited Liability Company's Name
GEMCO Constructors LLC

CRZE041 (1/14)

2. Principal Office Address - No P.O. Box # 1203 E. St. Clair Street		3. Mailing Office Address 1203 E. St. Clair Street	
Suite, Apt. #, etc. Suite B		Suite, Apt. #, etc. Suite B	
City & State Indianapolis, IN		City & State Indianapolis, IN	
Zip 46202	Country US	Zip 46202	Country US

4. State/Country of Formation
Indiana

5. Date Organized or Qualified To Do Business in Florida
10/27/2014

6. FEI Number Applied For Not Applicable

7. CERTIFICATE OF STATUS DESIRED \$300 Annual Fee required for a Certificate of Status

8. Name and Address of Current Registered Agent

Name
NRAI Services, Inc.

Street Address (P.O. Box Number is Not Acceptable)
1200 South Pine Island Road


Suite, Apt. #, Etc.

City
Plantation

State
FL

Zip Code
33324

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  Date **3/8/2016**

REGISTERED AGENT MUST SIGN **Joelle Churik, Asst. Sec**

10. Names and Street Addresses of Authorized Representatives/Managers

Titles	Name of Authorized Representative/Managers	Street Address of Each Authorized Representative/Manager	City / State / Zip
MGR	Dave A. Hedge	1203 E. St. Clair Street, Suite B	Indianapolis, IN 46202
MGR	<i>William R. Bates</i>	1203 E. St. Clair Street, Suite B	Indianapolis, IN 46202
MGR	Mike Wyman	1203 E. St. Clair Street, Suite B	Indianapolis, IN 46202

REINSTATEMENT

MAR 14 2016

R. HUNT

11. E-mail Address: **atoth@gem-constructors.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. 817.165, F.S.

Signature of Authorized Representative/Manager *WR Bates* Date **3-8-16** Daytime Phone # **(317) 537-0993**

Typed or printed name of signing Authorized Representative/Manager **WYMAN R. BATES**

Florida Department of State
Division of Corporations
Electronic Filing Cover Sheet

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LIMITED LIABILITY REINSTATEMENT
GEMCO CONSTRUCTORS LLC

Certificate of Status	0
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R. HUNT