

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**LIMITED LIABILITY COMPANY REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE  
Secretary of State  
DIVISION OF CORPORATIONS

FILED  
09 FEB 10 AM 11:36  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # L06000114578

1. Limited Liability Company's Name

ALLEGIANT CONSTRUCTION SERVICES, LLC

CR2E041 (10/08)

2. Principal Office Address - No P.O. Box #  
5230 SE 14 PLACE

3. Mailing Office Address  
5230 SE 14 PLACE

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State  
OCALA, FL

City & State  
OCALA, FL

Zip Country  
34471 US

Zip Country  
34471 US

4. State/Country of Formation  
FLORIDA, US

5. Date Organized or Qualified To Do Business in Florida

6. FEI Number  
20-5963239

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  
GILLIGAN, KING & GOODING, P.A. W. JAMES GOODING III

Street Address (P.O. Box Number is Not Acceptable)  
1531 Southeast 36th Ave.

Suite, Apt. #, Etc.

City  
Ocala, FL

State Zip Code  
FL 34471

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

REGISTERED AGENT MUST SIGN

Date 2/6/09

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
PRES	TODD M. DUFFY	5230 SE 14 PLACE	OCALA, FL 34471
VP	MICHELE DUFFY	5230 SE 14 PLACE	OCALA, FL 34471
			500143302085 02/10/09--01044--006 **416.25
			REINSTATEMENT 07-09

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

Date 2/7/09

Daytime Phone # 352-572-0252

Typed or printed name of signing Managing Member/Manager TODD M. DUFFY