

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**LIMITED LIABILITY
COMPANY
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # L06000114578

1. Limited Liability Company's Name

ALLEGiant CONSTRUCTION SERVICES, LLC

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

Suite, Apt. #, etc.

City & State
OCALA, FL

Zip Country
34471 US

3. Mailing Office Address
5230 SE 14 PLACE

Suite, Apt. #, etc.

City & State
OCALA, FL

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 State Zip Code
Ocala, FL 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

REINSTATEMENT

07-09

2/11/09

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**