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15 FEB 17 PM 1:17
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

LIMITED LIABILITY COMPANY REINSTATEMENT

FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

CR2E041 (1/14)

DOCUMENT

1. Limited Liability Company's Name
DOCUMENT NUMBER: P07000005794
OMNI CONSTRUCTION COMPANY, INC.

2. Principal Office Address - No P.O. Box #	3. Mailing Office Address
25975 EMERY ROAD	25975 EMERY ROAD
Suite, Apt. #, etc.: SUITE A	Suite, Apt. #, etc.: SUITE A
City & State: CLEVELAND, OHIO	City & State: CLEVELAND, OHIO
Zip: 44128 Country: USA	Zip: 44128 Country: USA

4. State/Country of Formation: OHIO - USA
5. Date Organized or Qualified To Do Business in Florida:
6. FEI Number: 34-1791040 ☐ Applied For ☐ Not Applicable
7. CERTIFICATE OF STATUS DESIRED ☒ $5.00 Additional Fee required for a Certificate of Status

Not enough money for COS.

8. Name and Address of Current Registered Agent
Name: C T CORPORATION SYSTEM
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: Connie Bryan ↑ REGISTERED AGENT MUST SIGN Date: 2/17/2015

10. Names and Street Addresses of Authorized Representatives/Managers

Titles	Name of Authorized Representatives/Managers	Street Address of Each Authorized Representative/Manager	City / State / Zip
PRES.	RICHARD STONE	25975 EMERY ROAD, SUITE A	CELVELAND, OHIO 44128

REINSTATEMENT
2010-2015

S. HAWKES
FEB 17 A.M.
EXAMINER

11. E-mail Address: kyoung@omni-construction.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. 817.155, F.S.

Signature of Authorized Representative/Manager: Date: 2-13-2015 Daytime Phone #: 216-514-6664

Typed or printed name of signing Authorized Representative/Manager: ROBERT WOLF

Florida Department of State
Division of Corporations
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CORPORATION REINSTATEMENT
OMNI CONSTRUCTION COMPANY, INC.

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