

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

L00000011461

LIMITED LIABILITY COMPANY REINSTATEMENT

FLORIDA DEPARTMENT OF STATE  
Katherine Harris  
Secretary of State  
DIVISION OF CORPORATIONS

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS

02 MAR 20 PM 1:03

DOCUMENT # L00000011461

1. Limited Liability Company Name

Professional Construction of Florida, L.C.

2. Principal Office Address

3460 Recker Hwy

3. Mailing Office Address

3460 Recker Hwy

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

Winter Haven, FL

City & State

Winter Haven, FL

Zip

33880

Country

Polk

Zip

33880

Country

Polk

4. State/Country of Formation

Florida/USA

5. Date Organized or Qualified  
To Do Business in Florida

9/21/2000

6. FEI Number

59-3697900

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

Straugh, Richard E. Esq

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

255 Magnolia Ave

Suite, Apt. #, Etc.

City

Winter Haven

State

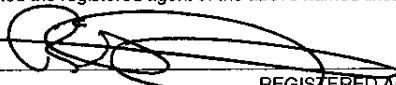
FL

Zip Code

33880

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

3/18/02

10. Names and Street Addresses of Managing Members/Managers

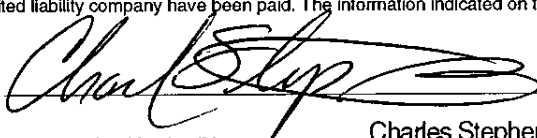
Titles	Name of Managing Members/Managers	Street Address of Each Managing Member/Manager	City / State / Zip
MGRM	Charles Stephens	3618 Havendale Blvd	Winter Haven, FL 33880

REINSTATEMENT 01-08

Let 3/21/02

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

3/19/2002

Daytime Phone #

863-965-7077

Typed or printed name of signing Managing Member/Manager

Charles Stephens