

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.



FLORIDA DEPARTMENT OF STATE  
Jim Smith  
Secretary of State  
DIVISION OF CORPORATIONS

FILED  
03 FEB -4 PM 12:14  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

1. DOCUMENT # L01000003469

Name and Mailing Address

0010991 01 FP 0.352 \*\*PRST H3 0 0615 33881-242853

E.D.C. CONSTRUCTION, L.C.

1753 2ND ST NE

WINTER HAVEN FL 33881-2428



2. New Mailing Address

1757 2nd St NE

City, State, Zip

Winter Haven, FL 33881

Principal Place of Business

1753 2ND ST NE

WINTER HAVEN FL 33881

3. New Principal Place of Business Address

1757 2nd St NE

City, State, Zip

Winter Haven, FL 33881

4. State/Country of Formation

FL

5. Date Organized or Qualified  
To Do Business in Florida

03/07/2001

6. FEI Number

522316333

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

CASEY, ALLAN L

395 AVE C NW

WINTER HAVEN FL 33881

9. Name and Address of New Registered Agent

Name

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

City

FL

Zip Code

10. 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 1-6-03

11. Names and Street Addresses of Each Managing Member/Manager

Title(s)

Name of Managing  
Members/Managers

Street Address of Each  
Managing Member/Manager

City / State / Zip

MGRM

CALHOUN, LEANDER JR

1753 2ND ST NE

WINTERHAVEN FL 33881

2003  
VBR

200010029042  
01/13/03--01010--001 \*\*150.00

BN

12. 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 1-7-03 Daytime Phone # 863 292 8425

Typed or printed name of signing Managing Member/Manager

CR2EC84 (8/02)