

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**LIMITED LIABILITY
COMPANY
REINSTATEMENT**



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

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

03 NOV 17 PM 1:18

DOCUMENT # LD1000005762

1. Limited Liability Company's Name

Pearson Construction LLC

2. Principal Office Address

2250 NANNAS LOOP

Suite, Apt. #, etc.

City & State

TALLAHASSEE

Zip

32303

Country

USA

3. Mailing Office Address

2250 NANNAS LOOP

Suite, Apt. #, etc.

City & State

TALLAHASSEE

Zip

32303

Country

USA

4. State/Country of Formation

Florida / Leon / USA

5. Date Organized or Qualified
To Do Business in Florida

4-13-01

6. FEI Number

59-3724745

Applied For

Not Applicable

7. CERTIFICATE OF STATUS DESIRED ☐

\$3.00 Additional Fee required
for a Certificate of Status

8. Name and Address of Current Registered Agent

Name

Pearson Construction Co.

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

2250 STANLEY PL. CT.

Suite, Apt. #, Etc.

City

TALLAHASSEE

State

FL

Zip Code

32303

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

Helli Puan

Date 11/17/03

REGISTERED AGENT MUST SIGN

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
marm	Sterling Pearson	2250 NANNAS LOOP	TALLA, FL. 32303
marm	Debbie Pearson	2250 NANNAS LOOP	TALLA, FL. 32303

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

Helli Puan

Date 11/17/03

Daytime Phone # 524-1688

Typed or printed name of signing Managing Member/Manager