

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**LIMITED LIABILITY
COMPANY
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED
10 MAY 18 AM 10:50
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # L01000010110

1. Limited Liability Company's Name

AREA CONSTRUCTION L.C.

000180986400
05/17/10--01056--009 **793.75
01056

2. Principal Office Address - No P.O. Box #

6356 MANOR LN

Suite, Apt. #, etc

STE # 106

City & State

SOUTH MIAMI

Zip

33143

Country

USA

3. Mailing Office Address

JAME

Suite, Apt. #, etc

City & State

Zip

Country

4. State/Country of Formation

FLORIDA

5. Date Organized or Qualified
To Do Business in Florida

6. FEI Number

651116813

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

LUIS A. LEON

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

6356 MANOR LONG

Suite, Apt. #, Etc.

STE # 106

City

SOUTH MIAMI

State

FL

Zip Code

33143

☐ 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

[Signature]

REGISTERED AGENT MUST SIGN

Date

5/12/10

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
<u>MGR</u>	<u>LUIS A. LEON</u>	<u>6205 SW 88 ST #365</u>	<u>MIAMI FL 33156</u>

REINSTATEMENT 06-10

11. E-mail Address: LLEON@WINMAJCOMMERCIAL.COM

(To be used for future annual report notifications)

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

[Signature]

Date

5/12/10

Daytime Phone #

305-662-4074

Typed or printed name of signing Managing Member/Manager

N. O'Donnell

MAY 19 2010