

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**LIMITED LIABILITY  
COMPANY  
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE  
Secretary of State  
DIVISION OF CORPORATIONS

04 MAR 26 AM 9:35

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # **L01000010980**

1. Limited Liability Company's Name

**F.C. INTERNATIONAL CONSTRUCTION  
TECHNOLOGIES LTD. CO.**

2. Principal Office Address

**360 SOUTH SHORE DRIVE**

Suite, Apt. #, etc.

City & State

**SARASOTA, FLORIDA**

Zip

**34234**

Country

**USA**

3. Mailing Office Address

**12260 WILLOW GROVE RD.**

Suite, Apt. #, etc.

**BLDG. #2**

City & State

**CAMDEN, DELAWARE**

Zip

**19934**

Country

**USA**

4. State/Country of Formation

**FLORIDA**

5. Date Organized or Qualified  
To Do Business in Florida

**JUNE 29, 2201**

6. FEI Number

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

**W. RICK FLETCHER**

03/08/04--01005--015 \*\*200.00

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

**360 SOUTH SHORE DRIVE**

Suite, Apt. #, Etc.

800029969838  
03/08/04--01005--015 \*\*200.00

City

**SARASOTA**

State

**FL**

Zip Code

**34234**

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

Date **2/25/2004**

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
MANAG	MR. V. DIKS	35 BARRACK ROAD	BELIZE CITY, BELIZE, C.A.

**REINSTATEMENT 2003-2004**

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 **2/25/04**

Daytime Phone# **(302) 698-0118**

Typed or printed name of signing Managing Member/Manager **MR. V. DIKS**

CR2E041 (10/02)