

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

06 JUN 21 AM 8:10

LIMITED LIABILITY
COMPANY
REINSTATEMENTFLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # L010000015141

1. Limited Liability Company's Name

Myers Construction L.L.C.

CR2E041 (8/05)

2. Principal Office Address

1555 SW 109th Ave

Suite, Apt. #, etc.

Apt 202 / Bldg # 4

City & State

Pembroke Pines FL

Zip

33025

Country

USA

3. Mailing Office Address

4179 W. Jersey Ave

Suite, Apt. #, etc.

City & State

Mays Landing NJ

Zip

08330

Country

USA

4. State/Country of Formation

FL

5. Date Organized or Qualified
To Do Business in Florida

9/01

6. FEI Number

65-1143297

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

Jason Myers

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

1555 SW 109th Ave

Suite, Apt. #, Etc.

Apt 202 / Bldg # 4

City

Pembroke Pines

State

FL

Zip Code

33025

9. I, being appointed the registered agent of the above named limited liability company, am familiar with and accept the obligations of Chapter 606, F.S.

Signature of
Registered Agent

Date 6/13/06

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
MEM	Jason Myers	4179 W. Jersey Ave	Mays Landing NJ 08330
			000078651020
			06/27/06 01062-009 **305.00
			REINSTATEMENT 03-06

11. I certify that I am managing member/manager or the receiver or trustee empowered to execute this application as provided for in chapter 606, 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 608.405, 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 6/13/06

Daytime Phone # 609-646-6044

Typed or printed name of signing Managing Member/Manager

Jason Myers