

**LIMITED LIABILITY
COMPANY
REINSTATEMENT**



Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # L01000015641

1. Limited Liability Company's Name

New Star Construction, L.L.C.

2. Principal Office Address

3759 Hwy 90 East

Suite, Apt. #, etc.

City & State

DeFuniak Springs, FL

Zip

32433

Country

USA

3. Mailing Office Address

P. O. Box 1708

Suite, Apt. #, etc.

City & State

Santa Rosa Beach, FL

Zip

32459

Country

USA

4. State/Country of Formation

Florida/USA

5. Date Organized or Qualified
To Do Business in Florida

September 12, 2001

6. FEI Number

59-3734055

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

Tom L. Crowe

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

301 E. Hickory Avenue

Suite, Apt. #, Etc.

City

Crestview

State

FL

Zip Code

32536

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

Tom L. Crowe

REGISTERED AGENT MUST SIGN

Date January 10, 2003

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

MGRM Margie R. Tindle

3759 Hwy 90 East

DeFuniak Springs, FL 32433

REINSTATEMENT

2002-2003

JB

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

Margie Tindle

Date 1-10-03

Daytime Phone # (850) 951-2165

Typed or printed name of signing Managing Member/Manager