

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**LIMITED LIABILITY
COMPANY
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED

05 MAR -9 AM 9:59

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # L01000018012

1. Limited Liability Company's Name

Green Timberline Contracting Services, LLC

2. Principal Office Address

3053 Banks Rd

Suite, Apt. #, etc.

City & State

Tallahassee, FL

Zip

32309

Country

Leon

3. Mailing Office Address

P. O. Box 16305

Suite, Apt. #, etc.

City & State

Tallahassee, FL

Zip

32317-6305

Country

Leon

4. State/Country of Formation

Florida

**5. Date Organized or Qualified
To Do Business in Florida**

10/16/2001

6. FEI Number

58-2486370

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

M. B. Adelson - Attorneys at Law

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

3387 East Lakeshore Drive

Suite, Apt. #, Etc.

LAW OFFICES OF M.B. ADELSON IV, P.A.

City

Tallahassee

State

FL

Zip Code

32312-1456

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 3/8/2005

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
Presidt	Andrew Martinez	3053 Banks Rd	Tallahassee, Fl 32309
			800048073608 03/09/05--01061--010 **105.00

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 3-8-05 Daytime Phone # 850-251-6361

Typed or printed name of signing Managing Member/Manager

CR32041 (10/02)

MARCH 9, 2005

FILED

05 MAR -9 AM 9:59

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

TO WHOM IT MAY CONCERN

I, ANDREW MARTINEZ HEREBY STATE
THAT I DID NOT RECEIVE THE 2004
ANNUAL REPORT FOR GREEN
TIMBERLINE CONTRACTING SERVICES,
LLC, DOCUMENT NO. L01000018012.

SINCERELY;



ANDREW MARTINEZ