

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
REINSTATEMENT

1. DOCUMENT # L02000008724

Name and Mailing Address

0005001 01 AT 0.292 **AUTO TO 0 0615 33035-120088



SOUTH KENDALL CONSTRUCTION, LLC
888 KINGMAN ROAD
HOMESTEAD FL 33035-1200

FILED

03 OCT 24 PM 12:56

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



2. New Mailing Address

City, State, Zip

Principal Place of Business
888 KINGMAN ROAD
HOMESTEAD FL 33035

3. New Principal Place of Business Address

City, State, Zip

4. State/Country of Formation
FL

5. Date Organized or Qualified
To Do Business in Florida 04/10/2002

6. FEI Number
65-0951186

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

GLEBER, PATRICK
888 KINGMAN ROAD
HOMESTEAD FL 33035

9. Name and Address of New Registered Agent

Name

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

City

FL

Zip Code

10. 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

Patrick J. Gleber

REGISTERED AGENT MUST SIGN

Date 10/22/03

11. Names and Street Addresses of Each Managing Member/Manager

Title(s)	Name of Managing Members/Managers	Street Address of Each Managing Member/Manager	City / State / Zip
MNGR	PATRICK GLEBER	1717 N. BAYSHORE DR #1134	MIAMI, FL 33132
MNGR	JERRY JOSEPH	15790 SW 250 ST	MIAMI, FL 33031
MNGR	PAIGE LATNER	1 SOUTH PROSPECT DRIVE	CORAL GABLES, FL 33133

REINSTATEMENT

03

800024098058
10/24/03--01072--018 **150.00

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

Patrick J. Gleber

REGISTERED AGENT MUST SIGN

Date

10/22/03

Daytime Phone #

(305) 903 2743

Typed or printed name of signing Managing Member/Manager

PATRICK J. GLEBER

CR2E034 (7/03)