## PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**APPLICATION** REINSTATEMENT



FLORIDA DEPARTMENT OF STATE Glenda E. Hood Secretary of State

DIVISION OF CORPORATIONS

1. DOCUMENT #

L02000016003

Name and Mailing Address

FILED 2003 NOV 19 PM 3: 49

DIVIJION OF CORPORATIONS TALLAHASSEE, FLORIDA

0013806 01 AT 0.292 \*\*AUTO H0 2 0615 34691-481335 haltalahilatdamilidalahindialladiadiadiadia STETSON CONTRACTING L.L.C. 1435 RUSSEL LANE HOLIDAY FL 34691-4813



2. New Ma	ailing Address	7).		<del></del>	II	ntry of Formation	<del></del>		
City, State, rip						FL 5. Date Organized or Qualified			
Holday F. 34698					To Do Business in Florida 06/24/2002				
	lace of Business 35 RUSSEL LANE	3. New Principal Place of Business Address			6. FEI Number			Applied For	
HOLIDAY FL 34691		City, State, Zip		Above				Not Applicable	
		ony, oute, Ep		7. CERTIFICATE OF STATUS DESIRED 55.00 Additional Fee required for a Certificate of Status					
	8. Name and Address of Current I	ıt	Name and Address of New Registered Agent						
STETSON, MARGARITA G			Name						
143	35 RUSSEL LANE DLIDAY FL 34691		Street Addres		ss (P.O. Box Number is Not Acceptable)				
ПО	CIDAT FE 34091								
			Gty				FL '	Zip Code	
10. I, being appointed the registered agent of the above named imited liability company, am familiar with and accept the obligations of Chapter 608, F.S.  Signature of Registered Agent Page Page Page Page Page Page Page Page									
11. Names and Street Addresses of Each Managing Member/Manager									
Titla(e)				et Address of Each City / State / Zip					
GM.			<del></del>	ing Member/Mana	<u> </u>	1		1 211101	
JIVI.	Dary C. Stetso	N	1301 Ma	<u>upwy</u>	Dr.	Harday	<u> </u>	1. 34691	
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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 any accurate, and my signature shall have the same legal effect as if made under oath.									
Signature of Managing M	f Member/Manage	UREFEE	FRED	Date /0/	31/03 0	aytime Phone # 23/	1-3/	24	
Typed or pri	Typed or printed name of signing Managing Member/Manager Daryl Stetson								