

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**LIMITED LIABILITY
COMPANY
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED

2004 MAR 29 A 7:40

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # L02000017253

1. Limited Liability Company's Name

FITZGERALD CONSTRUCTION L.L.C.

800032722028
04/14/04--01020--028 **105.00

2. Principal Office Address

174-A Semoran Commerce Pl

3. Mailing Office Address

174-A Semoran Commerce Pl

Suite, Apt. #, etc.

SUITE 109

Suite, Apt. #, etc.

SUITE 109

City & State

APOPKA

City & State

APOPKA

Zip

32703

Country

USA

Zip

32703

Country

USA

4. State/Country of Formation

FLORIDA/USA

5. Date Organized or Qualified
To Do Business in Florida

03-12-03

6. FEI Number

71-0898329

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

WEIBEL HENNELLS & CARUFE, P.A.

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

9240 BONITA BEACH ROAD

Suite, Apt. #, Etc.

SUITE 305

City

BONITA SPRINGS

State

FL

Zip Code

34135

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

REGISTERED AGENT MUST SIGN

Date 03/12/04

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	BRUCE FITZGERALD	3181 CECELIA DRIVE	APOPKA, FLORIDA 32703
MGRM	PAUL WOLMARANS	216 CHURCHILL DRIVE	LONGWOOD, FLORIDA 32779

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 03/12/04

Daytime Phone # 407-889-9400

Typed or printed name of signing Managing Member/Manager

BRUCE FITZGERALD

CR2EM1 (10/02)

206 α

Fitzgerald

CONSTRUCTION
L. L. C.

March 12, 2004

Department of State
Division Corporations
Registration Section
P.O. Box 6327
Tallahassee, Florida 32314

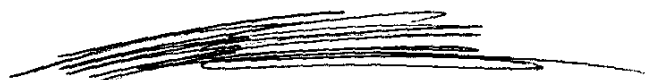
To Whom It May Concern:

Fitzgerald Construction, LLC did not receive the Uniform Business Report for the year 2003 due to the wrong suite number for our registered agents address, they didn't receive it therefore we were unaware of the status of not being filed. I am asking that you please waive the reinstatement fee of \$100.00.

Enclosed please find the reinstatement form, a check for \$100.00 covering the 2003 and 2004 annual report fees and for a certificate of status. I am also sending a change of registered agent form along with a fee of \$25.00.

If you have any questions please call me at my office, 407-889-9400.

Sincerely,



Bruce Fitzgerald