

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM

L02000018489
FILED

08 FEB -5 PM 1:16

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

100117004801

CR2E041 (12/07)

**LIMITED LIABILITY
COMPANY
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # **L02000018489**

1. Limited Liability Company's Name

Century Precast LLC

2. Principal Office Address - No P.O. Box #

7755 PRESERVE LN

Suite, Apt. #, etc.

SUITE 3270

City & State

NAPLES FL

Zip

34119

Country

USA

3. Mailing Office Address

P.O. Box 110281

Suite, Apt. #, etc.

City & State

NAPLES FL

Zip

34100

Country

USA

4. State/Country of Formation

Collier County FLORIDA

5. Date Organized or Qualified
To Do Business in Florida

6. FEI Number

57-1160597

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

DON E LESTER

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

7755 PRESERVE LANE SUITE 3270

Suite, Apt. #, Etc.

City

NAPLES

State

FL

Zip Code

34119

☐ A \$100 reinstatement fee is imposed, except
in circumstances which the entity did not
receive the prior notices. By checking this
box, you are certifying the prior notices were
not received and requesting the \$100
reinstatement be waived.

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 **2-4-08**

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
PD	DON E. LESTER	11679 Longshore Way E	Naples, FL 34119
U	SUZANNE LESTER	11679 Longshore Way E	NAPLES, FL 34119
T	DEAN C LESTER	4927 King Isle Cir.	Orlando, FL 38127

REINSTATEMENT 2005-2008

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 **2-4-08**

Daytime Phone # **239-289-8270**

Typed or printed name of signing Managing Member/Manager

DON E. LESTER



CORPORATION SERVICE COMPANY

L020000018489

ACCOUNT NO. : 072100000032

REFERENCE : 431486 7234920

AUTHORIZATION

[Signature]

COST LIMIT : \$ 655.00

ORDER DATE : February 5, 2008

ORDER TIME : 10:10 AM

ORDER NO. : 431486-005

CUSTOMER NO: 7234920

DOMESTIC FILINGS

NAME: CENTURY PRECAST LLC

BK

XX REINSTATEMENT

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

XX PLAIN STAMPED COPY

CONTACT PERSON: Cindy Harris - Ext# 2937

EXAMINER'S INITIALS _____

RECEIVED
08 FEB -5 AM 10:35
DEPT. OF REVENUE
DIVISION OF CORPORATIONS
TALLAHASSEE, FLORIDA

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA