

102000020271

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**LIMITED LIABILITY COMPANY REINSTATEMENT**

**FLORIDA DEPARTMENT OF STATE**  
Secretary of State  
DIVISION OF CORPORATIONS



**FILED**

03 NOV 24 PM 3:41

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

400023589494  
11/26/03--01024--009 \*\*100.00

DOCUMENT # 102000020271

1. Limited Liability Company's Name

Tim Williams Builders, LLC

2. Principal Office Address		3. Mailing Office Address	
<u>3975 Glassman Rd</u>		<u>same</u>	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
<u>St. Cloud, FL</u>			
Zip	Country	Zip	Country
<u>34772</u>	<u>USA</u>		

4. State/Country of Formation	
<u>Florida</u>	
5. Date Organized or Qualified To Do Business in Florida - <u>08/08/02</u>	
6. FEI Number	Applied For
<u>11-3646542</u>	Not Applicable
7. CERTIFICATE OF STATUS DESIRED <input checked="" type="checkbox"/> \$5.00 Additional Fee required for a Certificate of Status	

8. Name and Address of Current Registered Agent

Name	
<u>Jason Comiskey</u>	
Street Address (P.O. Box Number is Not Acceptable)	
<u>2916 Canoe Circle</u>	
Suite, Apt. #, Etc.	
City	State Zip Code
<u>St. Cloud</u>	<u>FL 34772</u>

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 [Signature] Date 11/20/03

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
MGRM	Jason Comiskey	2916 Canoe Circle	St. Cloud FL 34772
MGRM	Tim Williams	3975 Glassman Rd	St. Cloud FL 34772
			400023589494
			10/04/03 01071 008
			\$ 50.00
			REINSTATEMENT
			2003

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 [Signature] Date 11/20/03 Daytime Phone # 402-892-2219

Typed or printed name of signing Managing Member/Manager JASON V. COMISKEY