

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**LIMITED LIABILITY
COMPANY
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED

2007 APR 11 AM 10:48

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

CR2E041 (1/07)

DOCUMENT # L02000031936

1. Limited Liability Company's Name

Joel Toigo Construction, LLC

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

385 SE Tribble St

Suite, Apt. #, etc.

3. Mailing Office Address

385 SE Tribble St

Suite, Apt. #, etc.

City & State

Lake City

City & State

Lake City

Zip

32025

Country

Zip

32025

Country

4. State/Country of Formation

Florida, US

5. Date Organized or Qualified
To Do Business in Florida

11/27/2002

6. FEI Number

161641181

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

Joel B. Toigo

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

385 SE Tribble St

Suite, Apt. #, Etc.

City

Lake City

State

FL

Zip Code

32025

☒ 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

Date

4/4/07

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	Joel B. Toigo	385 SE Tribble St	Lake City, FL 32025
			500097217005 04/17/07--01038--001 **350.00

REINSTATEMENT

03-07

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

4/4/07

Daytime Phone #

386-623-3616

Typed or printed name of signing Managing Member/Manager

JOEL TOIGO