

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**LIMITED LIABILITY
COMPANY
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

07 DEC 18 PM 2:12

DOCUMENT # L03000039526

1. Limited Liability Company's Name

Jake Matney Construction, LLC

CR2E041 (1/07)

2. Principal Office Address - No P.O. Box #
315 Twin Lake Road

Suite, Apt. #, etc.

City & State
Panama City Beach

Zip
32413

Country
USA

3. Mailing Office Address
315 Twin Lake Road

Suite, Apt. #, etc.

City & State
Panama City Beach

Zip
32413

Country
USA

4. State/Country of Formation
Florida

5. Date Organized or Qualified
To Do Business in Florida **10/08/2003**

6. FEI Number
11-3705153

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
Brad Congleton

Street Address (P.O. Box Number is Not Acceptable)
50 Uptown Grayton Circle

Suite, Apt. #, Etc.
15

City
Santa Rosa Beach

State
FL

Zip Code
32459

☒ 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

Brad Congleton

REGISTERED AGENT MUST SIGN

Date **12/10/07**

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	Jacob Matney	315 Twin Lake Road	Panama City Beach, FL 32413

900113183509
12/17/07--01010--012 **100.00

REINSTATEMENT 2006-07

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

JM *Matney*

Date

12/10/07

Daytime Phone #

Typed or printed name of signing Managing Member/Manager