

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**LIMITED LIABILITY  
COMPANY  
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE  
Secretary of State  
DIVISION OF CORPORATIONS

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

07 SEP 17 PM 12:20

FILED

CR2E041 (1/07)

DOCUMENT # LO 3000044340

**1. Limited Liability Company's Name**

Butch J. Waldo construction LLC

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

Albert Dr

Suite, Apt. #, etc.

3217

City & State

Tallahassee, FL

Zip

32309

Country

Leah

**3. Mailing Office Address**

Albert Dr

Suite, Apt. #, etc.

3217

City & State

Tallahassee, FL

Zip

32309

Country

Leah

**4. State/Country of Formation**

**5. Date Organized or Qualified  
To Do Business in Florida**

**6. FEI Number**

27-0066910

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

Butch Waldo

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

3217 Albert Dr

Suite, Apt. #, Etc.

City

Tallahassee

State

FL

Zip Code

32309

☒ 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

[Signature]

Date 9-17-07

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
<u>MEM</u>	<u>Butch Waldo</u>	<u>3217 Albert Dr</u>	<u>Tallahassee, FL 32309</u>

700109971247  
09/25/07--01008--013 \*\*100.00

REINSTATEMENT 2006, 2007

**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

9-17-07

Daytime Phone #

(850) 443-3195

Typed or printed name of signing Managing Member/Manager