## PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

LIMITED LIABILITY COMPANY REINSTATEMENT	Sec	EPARTMENT OF STAT cretary of State n of corporations	E	O9 NOV 15 PM P: 36	
DOCUMENT # L03600045074  1. Limited Liability Company's Name  Ellioff Construction Services (LC)			Ĉ.	SECRETARY OF STATE TALLAHASSEE, FLORIDA	
				CR2E041 (10/08)	
2. Principal Office Address - No P.O. Box #  3529 Ind', an Tra'\ Suite, Apt. #, etc.		Suite, Apt. #, etc.		ntry of Formation	
City & State  EUSTIS FI  Zip Country  32726 Lake	City & State  Zip 37726	Country La Ke	6. FEI Numb	er Applied For Not Applicable  E OF STATUS DESIRED S5.00 Additional Fee required for a Certificate of Status	
8. Name and Address of Current Registered Agent  Name  Greacry Scott Fliight  Street Address (F.O. Box Number is Not Acceptable)  3579 Indian Tral  Suite, Apt. #, Etc.  City  City  EUSt. S  State  Zip Code  FL 32726			in circ receive box, ye not re reinsta	☐ 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 Date Date Date					
10. Names and Street Addresses of Managing Members/Managers					
Managing Mambase/Manager		Street Address of E Managing Member/M		City / State / Zlp	
Gregory Scott	EllioH .	3529 Indian	trail	Eust's f1, 32726	
			11,799	0162646026	
REINSTATEMENT				NOV 1 6 2009	
2006-09			· · · · · · · · · · · · · · · · · · ·	EXAMINER	
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 608,408, 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 #12/09 Daytime Phone# 357-551-6355  Typed or printed name of signing Managing Member/Manager Gregory Scott Ell: off					
Typed or printed name of signing Managing Member/Manager Gregory Scott Ell: off					