

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**LIMITED LIABILITY  
COMPANY  
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE  
Secretary of State  
DIVISION OF CORPORATIONS

**FILED**

2009 FEB 17 PM 2:42

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

CR2E041 (10/08)

**DOCUMENT # L03000047320**

1. Limited Liability Company's Name

**CHISHOLM CONSTRUCTION LLC**

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

1949 HARBOR RD

Suite, Apt. #, etc.

City & State

CARRABELLE FL

Zip

32322

Country

US

3. Mailing Office Address

PO BOX 893

Suite, Apt. #, etc.

City & State

CARRABELLE FL

Zip

32322

Country

4. State/Country of Formation

FLORIDA/US

5. Date Organized or Qualified

To Do Business in Florida 1/24/2003

6. FEI Number

263792629

Applied For

Not Applicable

7. CERTIFICATE OF STATUS DESIRED

\$5.00 Additional Fee required for a Certificate of Status

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.

8. Name and Address of Current Registered Agent

Name  
**BRAXTON C CHISHOLM**

Street Address (P.O. Box Number is Not Acceptable)  
**1949 HARBOR RD**

Suite, Apt. #, Etc.

City  
**CARRABELLE**

State  
**FL**

Zip Code  
**32322**

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

REGISTERED AGENT MUST SIGN

Date

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
MMBR	BRAXTON C CHISHOLM	1949 HARBOR RD	CARRABELLE FL 32322

**REINSTATEMENT-07-08-09**

*CL*

11. I certify that I am a 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

*Braxton Chisholm*

Date

2-11-09

Daytime Phone #

850-697-8461

Typed or printed name of signing Managing Member/Manager

**BRAXTON CHISHOLM**