

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**LIMITED LIABILITY
COMPANY
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # L03000049089

1. Limited Liability Company's Name

Pierce Builders LLC

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

1425 N Galloway Road

Suite, Apt. #, etc.

City & State

Lakeland Florida

Zip

33810

Country

USA

3. Mailing Office Address

1425 N Galloway Road

Suite, Apt. #, etc.

City & State

Lakeland Florida

Zip

33810

Country

USA

8. Name and Address of Current Registered Agent

Name

Debbie Parry

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

4534 Waring Road

Suite, Apt. #, Etc.

City

Lakeland Florida

State

FL

Zip Code

33811

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

Debbie A. Parry

Date **10-4-07**

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
Mgr	Mitchell D Pierce	3125 W 10th Street	Lakeland Florida 33810

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

Mitchell D Pierce

Date **10-4-07**

Daytime Phone # **863-712-8000**

Typed or printed name of signing Managing Member/Manager

Mitchell D. Pierce

FILED

07 OCT 18 PM 3:42

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

CR2E041 (1/07)

4. State/Country of Formation

USA

5. Date Organized or Qualified
To Do Business in Florida

12/01/03

6. FEI Number

43-2036366

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.

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10/18/07--01004--015 **105.00

REINSTATEMENT

06,07