

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

LIMITED LIABILITY
COMPANY
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # L03000049610

1. Limited Liability Company's Name

James W. Naus Const. LLC

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

#285 WHIPPOORWILL AVE

Suite, Apt. #, etc.

3. Mailing Office Address

POB 13126

Suite, Apt. #, etc.

City & State

Newahitchka, FL.

City & State

Mexico Beach, FL.

Zip

32465

Country

U.S.A.

Zip

32410

Country

U.S.A.

4. State/Country of Formation

Florida/USA

5. Date Organized or Qualified
To Do Business in Florida

11/24/03

6. FEI Number

432034830

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

James W. Naus

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

#285 WHIPPOORWILL AVE.

Suite, Apt. #, Etc.

City

Newahitchka

State

FL

Zip Code

32465

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

James W. Naus
REGISTERED AGENT MUST SIGN

Date Oct. 2, 2010

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	James W. Naus	#285 WHIPPOORWILL AVE	Newahitchka, FL. 32465

REINSTATEMENT 2010

DB

11. E-mail Address:

(To be used for future annual report notifications)

12. 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

James W. Naus

Date

Oct. 2, 2010

Daytime Phone #

850-648-5063

Typed or printed name of signing Managing Member/Manager

James W. Naus