

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

LIMITED LIABILITY
COMPANY
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED

11 SEP 15 PM 2:45

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # L03000049970

1. Limited Liability Company's Name

E+S Construction LLC.

CR2E041 (11/10)

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

330 ST. Angelo Rd.

Suite, Apt. #, etc

3. Mailing Office Address

Suite, Apt. #, etc.

City & State

TALLA. FL.

City & State

Zip

Country

Zip

Country

32312

4. State/Country of Formation

5. Date Organized or Qualified
To Do Business in Florida

6. FEI Number

☐ 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

Nick Estep

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

330 ST. Angelo Rd.

Suite, Apt. #, Etc

City

TALLA.

State

FL

Zip Code

32312

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09/15/11--01032--008 **382.50

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

Nick Estep

REGISTERED AGENT MUST SIGN

Date 9-15-11

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 |
|-------------------------|--------------------------------------|---|--------------------|
| MEM | Nick Estep | 330 ST. Angelo Rd. | TALLA. FL. 32312 |
| MEM | Jason Estep | 330 ST. Angelo Rd. | TALLA. FL. 32312 |
| S | Lisha Estep | 330 ST. Angelo Rd. | TALLA. FL. 32312 |
| MEM | Chris Shepard | 330 ST. Angelo Rd. | TALLA. FL. 32312 |
| REINSTATEMENT 2010-2011 | | | |

11. E-mail Address

(To be used for future annual report notifications)

12. 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. I am aware that false information submitted in a document to the Department of State constitutes a third degree felony as provided for in s 817.155, F.S.

Signature of

Managing Member/Manager

Nick Estep

Date 9-15-11

Daytime Phone #

Typed or printed name of signing Managing Member/Manager

C.P.