

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM

**LIMITED LIABILITY
COMPANY
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # L03000050326

1. Limited Liability Company's Name

V & S CONSTRUCTION LLC

REINSTATEMENT

2004-2006

2. Principal Office Address

1501 CHOWKEEBIN NENE

Suite, Apt. #, etc.

3. Mailing Office Address

Suite, Apt. #, etc.

City & State

TALLAHASSEE, FL

City & State

Zip

32301

Country

USA

Zip

Country

4. State/Country of Formation

FLORIDA

5. Date Organized or Qualified
To Do Business in Florida

12-5-03

6. FEL Number

52-2422049

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

BARBARA A. JOHNSON

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

373 E. JEFFERSON ST.

Suite, Apt. #, Etc.

City

QUINCY

State

FL

Zip Code

32351

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 02/21/2006

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
MGRM	SHAWN BERRY	1501 CHOWKEEBIN NENE	TALLAHASSEE, FL 32301
MGR	VENESSA A. BERRY	1501 CHOWKEEBIN NENE	TALLAHASSEE, FL 32301

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

Shawn Berry

Date

2-21-06

Daytime Phone #

850-591-8744

Typed or printed name of signing Managing Member/Manager

2. I Shaun Barry did not receive my
annual report for the year of 2004.

2-21-06

Shaun Barry

FILED

06 FEB 21 AM 11:38

SECRETARY OF STATE
TALLAHASSEE, FLORIDA