

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

11 JUN 30 AM 9:50

LIMITED LIABILITY
COMPANY
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # L03000051759

1. Limited Liability Company's Name

Robert Espenship Construction Co. LLC

CR2E041 (1/11)

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

2970 SE 24th Pl

Suite, Apt. #, etc.

3. Mailing Office Address

2970 SE 24th Place

Suite, Apt. #, etc.

City & State

Gainesville, FL

Zip

32641

Country

City & State

Gainesville, FL

Zip

32641

Country

4. State/Country of Formation

Florida

5. Date Organized or Qualified To Do Business in Florida

12-11-03

6. FEI Number

20-0467871

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

Robert Espenship

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

2970 SE 24th Pl

Suite, Apt. #, Etc.

City

Gainesville

State

FL

Zip Code

32641

E-mail Address:

800209430178
06728/11-01024-011 **377.50

(To be used for future annual report notices)

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

Robert Espenship

Date 6-24-11

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	Robert Espenship	2970 SE 24th PLACE	Gainesville FL 32641

REINSTATEMENT 2010, 2011

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. 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

Robert Espenship

Date 6-24-11

Daytime Phone # 352-372-

0767

Typed or printed name of signing Managing Member/Manager

Information 1111 12011