

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**LIMITED LIABILITY
COMPANY
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

06 OCT 17 AM 9:07

DOCUMENT # L03000054832

1. Limited Liability Company's Name

ARDENT CONSTRUCTION, LLC

2. Principal Office Address

4464 Bliss Rd.

Suite, Apt. #, etc.

City & State

Sarasota, Fl.

Zip Country

342333

Sarasota

3. Mailing Office Address

4464 Bliss Rd.

Suite, Apt. #, etc.

City & State

Sarasota, Fl.

Zip Country

34233

Sarasota

CR2E041 (8/05)

4. State/Country of Formation

Florida/ United States

5. Date Organized or Qualified
To Do Business in Florida

10-10-2006

6. FEI Number

593070696

☒ 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

BRYAN Polley

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

4464 Bliss, Rd.
Suite, Apt. #, Etc.

City

Sarasota,

State

FL

Zip Code

34233

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

Bryan Polley

REGISTERED AGENT MUST SIGN

Date 10-10-2006

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
owner operator	Bryan Polley	4464 Bliss Rd.	Sarasota, Fl. 34233
			700090929527 10/17/06--01052--003 **200.00
			REINSTATEMENT 05-06

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

Bryan Polley

Date 10-10-06 Daytime Phone # 941-656-1054

Typed or printed name of signing Managing Member/Manager

Bryan Polley