

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**LIMITED LIABILITY
COMPANY
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # L03000057154

1. Limited Liability Company's Name

C4 Construction LLC

200136263102
09/23/08--01045--001 **238.75

CR2E041 (12/07)

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

902 Oakwood Way

Suite, Apt. #, etc.

3. Mailing Office Address

902 Oakwood Way

Suite, Apt. #, etc.

City & State

Niceville, FL

City & State

Niceville FL

Zip

32578

Country

OKaloosa

Zip

32578

Country

USA

4. State/Country of Formation

OKaloosa

5. Date Organized or Qualified
To Do Business in Florida

6. FEI Number

20-0528761

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

Eric Eliasson

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

902 Oakwood Way

Suite, Apt. #, Etc.

City

Niceville 1

State

FL

Zip Code

32578

☐ A \$100 reinstatement fee is imposed, except
in circumstances which the entity did not
receive the prior notices. By checking this
box, you are certifying the prior notices were
not received and requesting the \$100
reinstatement be waived.

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

Date 9/16/08

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	Eric Eliasson	902 Oakwood Way	Niceville FL 32578

REINSTATEMENT 2008

FILED
2008 SEP 23 P 1:56
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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

Date 9/16/08

Daytime Phone # 850-699-1001

Typed or printed name of signing Managing Member/Manager Eric Eliasson