


PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

9-15-06
100.00

LIMITED LIABILITY COMPANY REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED

2007 MAR 19 AM 9:26

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

CR2E041 (1/07)

DOCUMENT # **L03000057337**

1. Limited Liability Company's Name
Levin Prescott Grading, LLC

2. Principal Office Address - No P.O. Box #
14339 Montmarle Ave
Suite, Apt. #, etc.

3. Mailing Office Address
PO Box 3754
Suite, Apt. #, etc.

City & State
Pt Charlotte

City & State
Placida FL

Zip Country
33981 US

Zip Country
33946 US

4. State/Country of Formation
FL / US

5. Date Organized or Qualified To Do Business in Florida
2004

6. FEI Number
30-0145942

7. CERTIFICATE OF STATUS DESIRED \$5.00 Additional Fee required for a Certificate of Status

8. Name and Address of Current Registered Agent

Name
Levin Prescott

Street Address (P.O. Box Number is Not Acceptable)
14339 Montmarle Ave

Suite, Apt. #, Etc.

City
Pt Charlotte

State Zip Code
FL 33981

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 **Levin Prescott** Date **2-19-07**

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
MEM	Prescott, Levin	14339 Montmarle Ave	Pt. Charlotte FL

REINSTATEMENT
REINSTATEMENT 06-07

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 **Levin Prescott** Date **2-19-07** Daytime Phone # **941-650-6005**

Typed or printed name of signing Managing Member/Manager