

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

LIMITED LIABILITY
COMPANY
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED
10 FEB 18 PM 2:40
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT #

1. Limited Liability Company's Name

L04000000462

FOSTER CONSTRUCTION, L.L.C.

100168504051
02/19/10--01002--005 **125.00

CR2E041 (11/09)

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

2004 BRADFORD CT.,

3. Mailing Office Address

800 Ocala Road

Suite, Apt. #, etc.

APT. C

Suite, Apt. #, etc.

SUITE 300-120

City & State

TALLAHASSEE, FL

City & State

TALLAHASSEE, FL

Zip

32303

Country

USA

Zip

32304

Country

USA

4. State/Country of Formation

FLORIDA

5. Date Organized or Qualified
To Do Business in Florida

JANUARY 5, 2004

6. FEI Number

51-0495763

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

MARCELLA D. FOSTER

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

2004 BRADFORD COURT,

Suite, Apt. #, Etc

APT. C

City

TALLAHASSEE

State

FL

Zip Code

32303

☒ 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

MARCELLA D. FOSTER
REGISTERED AGENT MUST SIGN

Date 2-17-10

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
PRES. MGRM	MARCELLA D. FOSTER	2004 BRADFORD CT, APT. C	TALLAHASSEE, FL 32303
			100168504051 02/19/10--01002--010 **152.50

11. E-mail Address: fosterconstruction@hotmail.com

12. 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

MARCELLA D. FOSTER

Date 2-17-10

Daytime Phone # 766-3676

Typed or printed name of signing Managing Member/Manager

MARCELLA D. FOSTER

C.F.