

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

LIMITED LIABILITY
COMPANY
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED

2007 APR 30 AM 10:50

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # 204000001783

1. Limited Liability Company's Name

Vincent Byrne Construction LLC

CR2E041 (1/07)

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

3700 Benewa Rd

Suite, Apt. #, etc.

APT 611

City & State

Sarasota FL

Zip

34232

Country

USA

3. Mailing Office Address

SAME

Suite, Apt. #, etc.

SAME

City & State

SAME

Zip

Country

USA

4. State/Country of Formation

Florida USA

5. Date Organized or Qualified
To Do Business in Florida

01-07-04

6. FEI Number

331021057

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

Vincent D. Byrne

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

3700 Benewa Rd

Suite, Apt. #, Etc.

APT 611

City

SARA

State

FL

Zip Code

34232

☒ 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

Vincent D. Byrne

REGISTERED AGENT MUST SIGN

Date

4/24/07

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	Vincent D. Byrne	3700 Benewa Rd, APT 611	SARA, FL 34232
			200101774992
			05/08/07--01010--020 **150.00
			REINSTATEMENT 05-07

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

Vincent D. Byrne

Date

4/24/07

Daytime Phone #

944-928-6084

Typed or printed name of signing Managing Member/Manager

Vincent D. Byrne