

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

FILED
07 JUN 13 PM 2:21
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

**LIMITED LIABILITY
COMPANY
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # LO4000004872

1. Limited Liability Company's Name

DO ALL CONSTRUCTION, L.L.C.

CR2E041 (1/07)

2. Principal Office Address - No P.O. Box #
3 VALLEY DR

Suite, Apt. #, etc.

City & State
DAYTONA BEACH FL

Zip
32117

Country
VOLUSIA

3. Mailing Office Address
3 VALLEY DR

Suite, Apt. #, etc.

City & State
DAYTONA BEACH FL

Zip
32117

Country
VOLUSIA

State/Country of Formation
FLORIDA VOLUSIA

5. Date Organized or Qualified
To Do Business in Florida

6. FEI Number
77-0616738

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
HENRY BURSON SR MGR

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

Suite, Apt. #, Etc.

City
DAYTONA BEACH

State
FL

Zip Code
32117

☒ 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 Henry Burson

REGISTERED AGENT MUST SIGN

Date **05/03/2007**

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	HENRY BURSON SR MGR	3 VALLEY DR	DAYTONA BEACH FL 32117

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 Henry Burson MGR

Date **05/03/2007**

Daytime Phone # **386-846-8770**