


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 10:42

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

CR2E041 (1/07)

DOCUMENT # L04000008207

1. Limited Liability Company's Name

Ed Wallace Construction LLC

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

17651 Monterverde Dr.

Suite, Apt. #, etc.

City & State

Spring Hill, FL

Zip

34610

Country

Pasco

3. Mailing Office Address

PO Box 1778

Suite, Apt. #, etc.

City & State

New Port Richey, FL

Zip

34656

Country

Pasco

4. State/Country of Formation

FL

5. Date Organized or Qualified To Do Business in Florida

1-23-2004

6. FEI Number

59-260 4198

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

Edward J. Wallace

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

17651 Monterverde Dr.

Suite, Apt. #, Etc.

City

Spring Hill

State

FL

Zip Code

34610

☒ 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

Edward J. Wallace

Date 4-26-07

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
<u>Mgr</u>	<u>Edward Wallace</u>	<u>17651 Monterverde Dr.</u>	<u>Spring Hill FL 34610</u>

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05/03/07--01006--027 **105.00

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

Edward J. Wallace

Date 4-26-07

Daytime Phone # 727-868-3703

Typed or printed name of signing Managing Member/Manager

Edward J. Wallace