

PLEASE READ-ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**LIMITED LIABILITY
COMPANY
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # L04000008293

1. Limited Liability Company's Name

Ron Mills Construction LLC

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

10047 Tram Rd

Suite, Apt. #, etc.

3. Mailing Office Address

10047 Tram Rd

Suite, Apt. #, etc.

City & State

Tallahassee, FL

Zip

32311

Country

LEON

City & State

Tallahassee, FL

Zip

32311

Country

LEON

8. Name and Address of Current Registered Agent

Name

Ronald Mills

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

10047 Tram Rd

Suite, Apt. #, Etc.

City

Tallahassee,

State

FL

Zip Code

32311

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

REGISTERED AGENT MUST SIGN

Date

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>MGRM</u>	<u>Mills, Ronald</u> <u>10047 Tram Rd</u> <u>Tallahassee, FL 32311</u>	<u>10047 Tram Rd</u>	<u>Tallahassee, FL 32311</u>

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

Ronald Mills

Date 4/7/07

Daytime Phone # 850-878-4709

Typed or printed name of signing Managing Member/Manager Ronald Mills

FILED

2007 APR 25 AM 10:35

**SECRETARY OF STATE
TALLAHASSEE, FLORIDA**

CR2E041 (1/07)

4. State/Country of Formation

FL / LEON

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

4/10/2003

6. FEI Number

Applied For

☒ **Not Applicable**

7. CERTIFICATE OF STATUS DESIRED ☒

**\$5.00 Additional Fee required
for a Certificate of Status**

☐ **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.**

9/8

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05/08/07--01008--017 **\$5.00