

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**LIMITED LIABILITY
COMPANY
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED

2010 FEB 24 PM 3:58

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

600169404096
02/17/10--01032--010 **277.50
CR2E041 (11/09)

DOCUMENT # L040000008468

1. Limited Liability Company's Name

Ford Construction LLC

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

152 Ford Dr.

Suite, Apt. #, etc.

3. Mailing Office Address

152 Ford Dr.

Suite, Apt. #, etc.

City & State

Quincy, FL

City & State

Quincy, FL

Zip

32352

Country

USA

Zip

32352

Country

USA

4. State/Country of Formation

5. Date Organized or Qualified
To Do Business in Florida

6. FEI Number

NA

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

George Ford

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

152 Ford Dr.

Suite, Apt. #, Etc.

City

Quincy

State

FL

Zip Code

32352

☒ 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

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
MGR	George Ford	152 Ford Dr.	Quincy, FL 32352

REINSTATEMENT 09-10

11. E-mail Address:

(To be used for future annual report notifications)

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

George Ford

Date

2-15-10

Daytime Phone

850 508 2727

Typed or printed name of signing Managing Member/Manager