

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

LIMITED LIABILITY  
COMPANY  
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE  
Secretary of State  
DIVISION OF CORPORATIONS

FILED

2007 FEB 28 AM 10:15

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # L04000010181

1. Limited Liability Company's Name

Milton Builders LLC.

CR2E041 (1/07)

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

1296 SW. Ridge ST

Suite, Apt. #, etc.

3. Mailing Office Address

1296 SW. Ridge ST

Suite, Apt. #, etc.

City & State

Lake City FL

City & State

Lake City FL

Zip

32024

Country

Columbia

Zip

32024

Country

Columbia

4. State/Country of Formation

FL USA

5. Date Organized or Qualified  
To Do Business in Florida

2-6-04

6. FEI Number

59-3782199

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

Jay W. Milton

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

1296 SW. Ridge ST.

Suite, Apt. #, Etc.

City

Lake City

State

FL

Zip Code

32024

☐ 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

JW Milton

REGISTERED AGENT MUST SIGN

Date 2-20-07

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
MGRM	Jay W. Milton	1296 SW. Ridge ST.	LAKE CITY FL.
MGRM	Deborah N. Milton	1296 SW. Ridge ST.	LAKE CITY FL.
			200090085072 02/12/07--01046--015 **250.00

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

JW Milton

Date 2-20-07

Daytime Phone # 386-755-5827

Typed or printed name of signing Managing Member/Manager

Jay W. Milton