

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**LIMITED LIABILITY
COMPANY
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

09 JAN 13 PM 1:05

DOCUMENT # L04000013219

1. Limited Liability Company's Name

Ronnie Bateman Excavating, LLC

CR2E041 (10/08)

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

22926 SR 46

Suite, Apt. #, etc.

3. Mailing Office Address

22926 SR 46

Suite, Apt. #, etc.

City & State

Sorrento, Florida

City & State

Sorrento, Florida

Zip

32776

Country

Lake

Zip

32776

Country

Lake

4. State/Country of Formation

Florida, US

5. Date Organized or Qualified
To Do Business in Florida

02/05/2004

6. FEI Number

593270448

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

Sadie Pettrey

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

14293 111th PL

Suite, Apt. #, Etc.

City

MCALPIN

State

FL

Zip Code

32062

☐ 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

Sadie Pettrey

REGISTERED AGENT MUST SIGN

Date

Jan 10, 2009

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
MEM	Lisa Bateman	22926 SR 46	Sorrento, Florida 32776

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REINSTATEMENT 2007-09

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

Lisa Bateman

Date

1-10-09

Daytime Phone #

352-267-1780

Typed or printed name of signing Managing Member/Manager

Lisa Bateman