

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

LIMITED LIABILITY
COMPANY
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED

07 MAR 23 AM 11:48

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # L04000013853

1. Limited Liability Company's Name

David GASKINS Specialty Contractors LLC

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

1625 Centerville Rd

Suite, Apt. #, etc.

022

City & State

Tallah. Fla.

Zip

32308

Country

Leon

3. Mailing Office Address

1136 Curriess Dr.

Suite, Apt. #, etc.

City & State

Tallah. Fla.

Zip

32308

Country

Leon

CR2E041 (1/07)

4. State/Country of Formation

US

5. Date Organized or Qualified
To Do Business in Florida

2-20-2004

6. FEI Number

☒ 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

David W. GASKINS

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

1625 Centerville Rd.

Suite, Apt. #, Etc.

D-22

City

Tallah. Fla.

State

FL

Zip Code

32308

☒ 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

Date 03-23-07

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
MEM	David Gaskins	1625 Centerville Rd	Tallah. Fla. 32308
			900095249109 03/23/07--01052--019 **150.00

REINSTATEMENT 05.04.07

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

Date 03-23-07

Daytime Phone # 850-528-1669

Typed or printed name of signing Managing Member/Manager