

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

06 FEB 20 PM 12:41

DOCUMENT # LO4000017986

1. Limited Liability Company's Name

Hillier Construction LLC

700066835057
02/28/06--01050--027 **105.00

CR2E041 (8/05)

2. Principal Office Address

5052 E. BUS. HWY 98

3. Mailing Office Address

6910 Coe Rd.

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

Panama City, FL

City & State

Panama City, FL

Zip

32404

Country

U.S.A.

Zip

32404

Country

U.S.A.

4. State/Country of Formation

FLA, U.S.A.

5. Date Organized or Qualified
To Do Business in Florida

3/24/04

6. FEI Number

061720710

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

Michael Mancos

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

6910 Coe Rd.

Suite, Apt. #, Etc.

City

Panama City

State

FL

Zip Code

32404

PA/RO
per Mr. Mancos
-let

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

Michael Mancos

Date

2/14/06

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
<u>member</u>	<u>Robert Hillier</u>	<u>139 Arlington</u>	<u>Panama City FLA. 32404</u>
	<u>Did not receive notice due to illness.</u>		

REINSTATEMENT

05-06

let 2/28/06

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

Robert Hillier / Michael Mancos

Date

Daytime Phone #

850-769-7476

Typed or printed name of signing Managing Member/Manager

Robert Hillier / Michael Mancos

(Authorized Representative)