

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM

APPROVED
AND
FILED

14 FEB -4 PM 12:31

LIMITED LIABILITY
COMPANY
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

SECRETARY OF STATE
FLORIDA

DOCUMENT # LG4000026558

1. Limited Liability Company's Name

North WeKiwa Concrete,
LLC

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

3. Mailing Office Address

2 C West 12th way
Suite, Apt. #, etc.

P.O. Box 996
Suite, Apt. #, etc.

City & State

City & State

Greenville, FL

Greenville, FL

Zip

Country

Zip

Country

32345

Jefferson

32345

Jefferson

4. State/Country of Formation

5. Date Organized or Qualified
To Do Business in Florida

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

Dewitt HARRIS

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

411 N. Quincey St.

Suite, Apt. #, Etc.

City

Perry

State

FL

Zip Code

32347

800256354368

02/04/14--01025--007 **\$55.00

9. I, being appointed the registered agent of the above named limited liability company, am familiar with and accept the obligations of Chapter 605, F.S.

Signature of
Registered Agent

Dewitt Harris

REGISTERED AGENT MUST SIGN

Date

Feb. 4, 2014

10. Names and Street Addresses of Authorized Representatives/Managers

Titles	Name of Authorized Representatives/ Managers	Street Address of Each Authorized Representative/ Manager	City / State / Zip
	Dewitt HARRIS	411 N. Quincey St.	Perry, FL

11. E-mail Address:

(To be used for future annual report notifications)

12. I certify that I am an authorized representative/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 605.0012, 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. I am aware that false information submitted to the Department of State constitutes a third degree felony as provided in s. 817.155, F.S.

Signature of

Authorized Representative/Manager

Dewitt Harris

Date

Feb. 4, 2014

Daytime Phone #

850-591-0446

Typed or printed name of signing Authorized Representative/Manager

nc 7/4/14