

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

FILED

09 JUN 22 PM 12:15

SECRETARY OF STATE
TALLAHASSEE FLORIDA

000157542110
06/22/09--01046--007 **416.25

CR2E041 (10/08)

LIMITED LIABILITY
COMPANY
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # L04000030195

1. Limited Liability Company's Name

Perry's Concrete LLC

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

409 Hoot Owl Rd

Suite, Apt. #, etc.

City & State

Satsuma, FL

Zip

32189

Country

USA

3. Mailing Office Address

Same

Suite, Apt. #, etc.

City & State

Same

Zip

Country

4. State/Country of Formation

FL

5. Date Organized or Qualified
To Do Business in Florida

4/21/2004

6. FEI Number

37-1489393

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

Vince Perry

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

409 Hoot Owl Rd

Suite, Apt. #, Etc.

City

Satsuma

State

FL

Zip Code

32189

☒ 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

Vincent Perry

REGISTERED AGENT MUST SIGN

Date

6/17/09

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
mgm	Perry Vince	409 Hoot Owl Rd.	Satsuma, FL 32189

REINSTATEMENT 07-09

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

Vincent Perry

Date

6/17/09

Daytime Phone #

386-937-0627

Typed or printed name of signing Managing Member/Manager