

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

LIMITED LIABILITY  
COMPANY  
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE  
Secretary of State  
DIVISION OF CORPORATIONS

FILED

2007 OCT 16 PM 3:14

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # L04000035415

1. Limited Liability Company's Name

Ducharme Construction, LLC.

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

308 Skunk Valley Rd.  
Suite, Apt. #, etc.

City & State

Southport, FL

Zip

32409

Country

USA

3. Mailing Office Address

PO Box 4069  
Panama City  
Suite, Apt. #, etc.

City & State

Panama City Beach, FL

Zip

32417

Country

4. State/Country of Formation

FLORIDA / USA

5. Date Organized or Qualified  
To Do Business in Florida

2001

6. FEI Number

20-1100895

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

Tommy L. Ducharme

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

308 Skunk Valley Rd.

Suite, Apt. #, Etc.

City

Southport

State

FL

Zip Code

32409

☐ 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

REGISTERED AGENT MUST SIGN

Date 10-2-07

10. Names and Street Addresses of Managing Members/Managers

| Titles | Name of<br>Managing Members/Managers | Street Address of Each<br>Managing Member/Manager | City / State / Zip          |
|--------|--------------------------------------|---|-----------------------------|
| MEM    | Thomas L. Ducharme Sr.               | 308 Skunk Valley Rd,<br>308                       | Panama City Beach, FL 32409 |
|        |                                      |   |                             |
|        |                                      |   |                             |
|        |                                      |   |                             |
|        |                                      |   |                             |
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|        |                                      |   |                             |
|        |                                      |   |                             |

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REINSTATEMENT

05-07

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 10-2-07

Daytime Phone # 850-258-1936

Typed or printed name of signing Managing Member/Manager

Tommy Ducharme