

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

LIMITED LIABILITY  
COMPANY  
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE  
Secretary of State  
DIVISION OF CORPORATIONS

FILED

10 JUL 20 PM 12:05

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # L 04000047018

1. Limited Liability Company's Name

Lin Halloway Construction LLC

400183468394  
07/20/10--01017--021 \*\*\$16.25

CR2E041 (05/10)

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

1216 Jack Crum Rd.

Suite, Apt. #, etc.

3. Mailing Office Address

same

Suite, Apt. #, etc.

City & State

Crawfordville, FL

City & State

Zip

Country

32327

Zip

Country

4. State/Country of Formation

US

5. Date Organized or Qualified  
To Do Business in Florida

6-23-2004

6. FEI Number

731708541

☐ 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

Lin Halloway

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

1216 Jack Crum Rd.

Suite, Apt. #, Etc.

City

Crawfordville

State

FL

Zip Code

32327

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

Lin Halloway

REGISTERED AGENT MUST SIGN

Date

7/20/10

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
MEMBER	Lin Halloway	1216 Jack Crum Rd.	Crawfordville, FL 32327

REINSTATEMENT 08/10  
AL

11. E-mail Address

(To be used for future annual report notifications)

12. 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

Lin Halloway

Date

7/20/10

Daytime Phone #

Typed or printed name of signing Managing Member/Manager