


PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

LIMITED LIABILITY COMPANY REINSTATEMENT		 FLORIDA DEPARTMENT OF STATE Secretary of State DIVISION OF CORPORATIONS	
DOCUMENT # <u>LO4000051310</u>		300164029733 01/07/10--01007--016 **177.50	
1. Limited Liability Company's Name <u>Whittington Construction of St. Augustine, LLC</u>		300164029733 12/29/09--01031--003 **100.00	
2. Principal Office Address - No P.O. Box # <u>521 Old Governor's Way</u> Suite, Apt. #, etc.		3. Mailing Office Address <u>- SAME</u> Suite, Apt. #, etc.	
City & State <u>St Augustine, FL</u>		City & State	
Zip <u>32086</u>	Country <u>USA</u>	Zip	Country
4. State/Country of Formation <u>FL/USA</u>		5. Date Organized or Qualified To Do Business in Florida <u>7-9-04</u>	
6. FEI Number <u>201349753</u>		Applied For Not Applicable	
7. CERTIFICATE OF STATUS DESIRED <input type="checkbox"/>		\$5.00 Additional Fee required for a Certificate of Status	
8. Name and Address of Current Registered Agent			
Name <u>Harold R. Whittington</u>			
Street Address (P.O. Box Number is Not Acceptable) <u>521 Old Governor's Way</u>			
Suite, Apt. #, Etc.			
City <u>St Augustine</u>	State <u>FL</u>	Zip Code <u>32086</u>	
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 <u>[Signature]</u>		Date <u>12-28-09</u>	
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>mgr.</u>	<u>Harold R. Whittington</u>	<u>521 Old Governor's Way</u>	<u>St. Augustine, FL 32086</u>
REINSTATEMENT <u>2009, 2010</u>			
11. E-mail Address: <u>ricklin.whittington@att.net</u>			
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 <u>[Signature]</u>		Date <u>12-28-09</u> Daytime Phone # <u>904-669-3506</u>	
Typed or printed name of signing Managing Member/Manager			

CR2E041 (11/09)

☒ 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.

RECEIVED
DIVISION OF CORPORATIONS
JAN - 4 PM 1:42



FLORIDA DEPARTMENT OF STATE
Division of Corporations

RECEIVED

10 JAN -6 PM 4:00

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

December 31, 2009

WHITTINGTON CONSTRUCTION OF ST. AUGUSTINE, LLC
521 OLD GOVERNOR'S WAY
ST AUGUSTINE, FL 32086

SUBJECT: WHITTINGTON CONSTRUCTION OF ST. AUGUSTINE, LLC
Ref. Number: L04000051310

We have received your document for WHITTINGTON CONSTRUCTION OF ST. AUGUSTINE, LLC and check(s) totaling \$100.00. However, the document has not been filed and is being retained in this office for the following reason(s):

There is a balance due of \$138.75. Refer to the attached fee schedule for the breakdown of fees. Please return a copy of this letter to ensure your money is properly credited.

Any reinstatement application received after January 1st must include the fees for next year's annual report. Please be sure to include an additional \$ 138.75 if your reinstatement is submitted after January 1st.

Please return a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6855.

Tammy Hampton
Regulatory Specialist II

Letter Number: 009A00039669