

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

LIMITED LIABILITY
COMPANY
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED

2007 JAN 10 PM 1:30

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

600084144136
01/12/07--01009--024 **250.00

CR2E041 (8/05)

DOCUMENT # 604000053509

1. Limited Liability Company's Name

J & T Construction, LLC

2. Principal Office Address

21811 Front Beach Road

Suite, Apt. #, etc.

City & State

Panama City Beach, FL

Zip

32413

Country

US

3. Mailing Office Address

P.O. Box 7226

Suite, Apt. #, etc.

City & State

Panama City Beach, FL

Zip

32413

Country

US

4. State/Country of Formation

Florida/US

5. Date Organized or Qualified
To Do Business in Florida

7/20/04

6. FEI Number

13-4282783

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

William L. Kilby

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

21811 Front Beach Road

Suite, Apt. #, Etc.

1

City

Panama City Beach

State

FL

Zip Code

32413

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

William L. Kilby

Date

1-09-07

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
MGRM	William L. Kilby	21811 Front Beach Rd	Panama City Beach FL 32413

REINSTATEMENT 05-07
OK

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

William L. Kilby

Date

1-09-07

Daytime Phone #

317
501-2101

Typed or printed name of signing Managing Member/Manager