

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**LIMITED LIABILITY
COMPANY
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED

11 NOV -4 PM 2:30

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # L04000064785

1. Limited Liability Company's Name

GARRISON CONSTRUCTION OF BAY COUNTY, LLC

CR2E041 (1/11)

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

7005 DeAurrecochea Dr

Suite, Apt. #, etc.

3. Mailing Office Address

Suite, Apt. #, etc.

City & State

SOUTHPORT, FL

City & State

Zip

32409

Country

USA

Zip

Country

4. State/Country of Formation

FL/USA

5. Date Organized or Qualified

To Do Business in Florida **08/31/2004**

6. FEI Number

201559654

☐ 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

GARRISON, CHRIS J

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

7005 DeAurrecochea Drive

Suite, Apt. #, Etc.

City

SOUTHPORT

State

FL

Zip Code

32409

E-mail Address:

700213996817
11/04/11--01002--007 **823.75

TPRPCB@AOL.COM

(To be used for future annual report notices)

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

Date

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
MGR	CHRIS J GARRISON	7005 DeAurrecochea Drive	Southport, FL 32409

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. I am aware that false information submitted in a document to the Department of State constitutes a third degree felony as provided for in s.817.155, F.S.

Signature of Managing
Member/Manager

Date

11/1/11

Daytime Phone #

Typed or printed name of signing Managing Member/Manager

S.W.