

9-16-05
280.00

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

SECRETARY OF STATE
DIVISION OF CORPORATIONS

07 FEB -2 AM 10:49

LIMITED LIABILITY
COMPANY
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # L0400006855

1. Limited Liability Company's Name

Custom Construction of Central Fl.

CR2E041 (8/05)

2. Principal Office Address

4913 CR 307

Suite, Apt. #, etc.

3. Mailing Office Address

4413 CR 307

Suite, Apt. #, etc.

City & State

Lake Panasofkee Fl

City & State

Lake Panasofkee Fl

Zip

33538

Country

U.S.

Zip

33538

Country

U.S.

4. State/Country of Formation

FL U.S.

5. Date Organized or Qualified
To Do Business in Florida

9/13/2004

6. FEI Number

20-1606715

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

Billy Martin Jr

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

4913 CR 307

Suite, Apt. #, Etc.

City

Lake Panasofkee

State

FL

Zip Code

33538

200082407622

12/08/06--01061--014 **150.00

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

Billy Martin Jr

Date

12/7/06

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
Owner	Billy Martin	4913 CR 307	Lake Panasofkee Fl 33538
			200082407622 02/08/07--01045--001 **100.00
			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

Billy Martin Jr

Date

12/7/06

Daytime Phone

(863)557-7699

Typed or printed name of signing Managing Member/Manager

Billy Martin