

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

LIMITED LIABILITY
COMPANY
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED

10 APR 13 AM 9:51

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

100175550601
04/13/10--01009--010 **277.50

CR2E041 (11/09)

DOCUMENT # LC9000066980

1. Limited Liability Company's Name

Hamm & Hall Const. LLC

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

644 Ponderosa Cir

Suite, Apt. #, etc.

3. Mailing Office Address

644 Ponderosa Cir

Suite, Apt. #, etc.

City & State

Midway FL

Zip

32343

Country

Gadsden

City & State

Midway FL

Zip

32343

Country

Gadsden

4. State/Country of Formation

5. Date Organized or Qualified
To Do Business in Florida

6. FEI Number

320185846

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

George H Fogle

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

644 Ponderosa Cir

Suite, Apt. #, Etc.

City

Midway

State

FL

Zip Code

32343

☒ 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.

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

[Signature]

REGISTERED AGENT MUST SIGN

Date 4-13-10

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
MEM	George Fogle	644 Ponderosa Cir	Midway FL 32343

REINSTATEMENT

09-10

CR 4-12-10

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

[Signature]

Date

4-13-10

Daytime Phone #

850 321 5606

Typed or printed name of signing Managing Member/Manager