

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

LIMITED LIABILITY
COMPANY
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

08 MAR 13 PM 1:39

DOCUMENT # L04000068702

1. Limited Liability Company's Name

Douglas Construction, LLC

400120318664
03/14/08--01003--004 **516.25

CR2E041 (12/07)

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

13902 NW 112th Ave

Suite, Apt. #, etc.

3. Mailing Office Address

13902 NW 112th Ave

Suite, Apt. #, etc.

City & State

Alachua FL

City & State

Alachua FL

Zip

32615

Country

Alachua

Zip

32615

Country

Alachua

4. State/Country of Formation

5. Date Organized or Qualified
To Do Business in Florida

9/21/2004

6. FEI Number

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

James M. Douglas

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

13902 NW 112th Avenue

Suite, Apt. #, Etc.

City

Alachua

State

FL

Zip Code

32615

☐ 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

agent of the above named limited liability

company, am familiar with and accept the obligations of Chapter 608, F.S.

Signature of
Registered Agent

James M. Douglas

Date

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	James M Douglas	13902 NW 112th Ave	Alachua FL 32615
MEM	Scott J Salanci	13902 NW 112th Ave	Alachua FL 32615

REINSTATEMENT 2006 - 08

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

James M. Douglas

Date

3/11/08

Daytime Phone #

386 462-6189

Typed or printed name of signing Managing Member/Manager

James M Douglas