## PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

## LIMITED LIABILITY COMPANY REINSTATEMENT

Typed or printed name of signing Managing Member/Manager



## FLORIDA DEPARTMENT OF STATE Secretary of State

DIVISION OF CORPORATIONS

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UG 14			

DOCUMENT # L04000 69096					13 AUG 14 AM 9 06		
1. Limited Liability Company's Name  J D ECICKSON CONSTRUCTION, LIC							
•							
Principal Office Address - No P.O Box # 3. Mailing Office Address			CR2E041 (1/11)				
		me t etc		4. State/Country of Formation			
Suite, Apt. #, etc. Suite, Apt. #, 4		en.		5. Date Organized or Qualified To Do Business in Florida 7/04			
City & State	City & State			6. FEI Numb	er Applied For		
Winter Haven FC Zip Zip				.7	01-0543963 Not Applicable		
33884 USA				CERTIFICAT	E OF STATUS DESIRED 55.00 Additional Fee required for a Certificate of Status		
Name and Address of Current Registered Agent     Name					C mail Address.		
Rebecca Erickson			E-mail Address: 000250791910				
Street Address (P.O Box Number is Not Acceptable)  1884 SLOISE LOVE DY				000250731310 08/14/1301025005 **516.25			
Suite, Apt. #, Etc.		Jde		Jde	ncksona venzon net		
Winter Haven		State FL	33884	(To be used for future annual report notice			
9. I, being appointed the registered agent of the a	bove named limited liability	company	am familiar with and				
Signature of Registered Agent Registered Agent Registered Agent MUST SIGN					Date <b>8-14-13</b>		
10. Names and Street Addresses of Managing N	lembers/Managers						
Titles Name of Managing Members/ Mana	gers	Street Address of Each Managing Member/ Manager		jer	City / State / Zip		
Mg/M Jody D ERIC	Kson 188	1884 Eloise Cove		edr	Vinter Haven Fe 33884		
			<del>-</del> . , .				
REINST	ATEMEI	VT.					
		AUG 1 4 2013					
		R. HUNT					
this reinstatement application the reason for di fees owed by the limited liability company have	ssolution has been eliminate been paid. The information	d, the lim	ited liability company f on this application is Department of State	name satisfies the true and accurate constitutes a thin	of for in Chapter 608, F.S. I further certify that when filling the requirements of section 608 406, F.S., and that all the terms of section 608 406, F.S., and that all the terms of the same legal effect as red degree felony as provided for in s.817.155, F.S.  Dougtime Phone # 863-221-/28		