

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 NOV 13 PM 2:27

DOCUMENT # L04000071912

1. Limited Liability Company's Name

Beyond Construction, LLC

CR2E041 (10/08)

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

1361 Meadowlark Rd

Suite, Apt. #, etc.

City & State

Spring Hill, FL

Zip

34608

Country

US

3. Mailing Office Address

1361 Meadowlark Rd

Suite, Apt. #, etc.

City & State

Spring Hill, FL

Zip

34608

Country

US

4. State/Country of Formation

Florida/United States

5. Date Organized or Qualified  
To Do Business in Florida

10/05/2004

6. FEI Number

201736080

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

Paul Morizzo

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

1361 Meadowlark Rd

Suite, Apt. #, Etc.

City

Spring Hill

State

FL

Zip Code

34608

☒ 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

Paul Morizzo

REGISTERED AGENT MUST SIGN

Date 11/10/08

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	Paul Morizzo	1361 Meadowlark Rd.	Spring Hill, FL 34608
MGRM	Nancy C. Rose	1361 Meadowlark Rd.	Spring Hill, FL 34608

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REINSTATEMENT 07-08

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

Paul Morizzo

Date 11/10/08

Daytime Phone # 352-683-9864

Typed or printed name of signing Managing Member/Manager

Paul Morizzo