

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**LIMITED LIABILITY
COMPANY
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # L04000076988

1. Limited Liability Company's Name

BEEMS CONSTRUCTION COMPANY, LLC

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

122 VAN DYCK DR.

Suite, Apt. #, etc.

City & State

NOKOMIS, FL

Zip

34275

Country

USA

3. Mailing Office Address

122 VAN DYCK DR.

Suite, Apt. #, etc.

City & State

NOKOMIS, FL

Zip

34275

Country

USA

4. State/Country of Formation

Florida, USA

5. Date Organized or Qualified

To Do Business in Florida **10/25/2004**

6. FEI Number

201786469

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 **Randall Lee Davis**

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

122 VAN DYCK DR.

Suite, Apt. #, Etc.

City

NOKOMIS,

State

FL

Zip Code

34275

E-mail Address:

REINSTATEMENT

randy@beemsconstruction.com

(To be used for future annual report notices)

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 **See Signature below**

Date

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
MGRM	RANDALL L. DAVIS	122 VAN DYCK DR.	NOKOMIS, FL 34275
MGR	Rodney D. Davis	5106 3rd Road	Lantana, FL 33467
MGR	m		
			B. BOSTICK
			JUL 17 2012
			EXAMINER

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. I am aware that false information submitted in a document to the Department of State constitutes a third degree felony as provided for in s.817.155, F.S.

Signature of Managing
Member/Manager

Randall L. Davis

Date **7/12/2012**

Daytime Phone # **941-650-9106**

Typed or printed name of signing Managing Member/Manager **RANDALL L. DAVIS**