

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.


FILED

2008 NOV 24 AM 10:32

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

200136977252
10/16/08--01022--010 **416.25

CR2E041 (10/08)

LIMITED LIABILITY COMPANY REINSTATEMENT		FLORIDA DEPARTMENT OF STATE
		Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # L04-81882

1. Limited Liability Company's Name

MAYEW CONSTRUCTION SERVICES, LLC

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

1629 VALPARAISO BLVD

Suite, Apt. #, etc.

3. Mailing Office Address

SAME

Suite, Apt. #, etc.

City & State

NICEVILLE, FL

City & State

Zip

32578

Country

USA

Zip

Country

4. State/Country of Formation

FLORIDA

5. Date Organized or Qualified

To Do Business in Florida--1-1-23-2004

6. FEI Number

33-1106501

☐ 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

STEVEN AARON MAYEW

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

1629 VALPARAISO BLVD

Suite, Apt. #, Etc.

City

NICEVILLE

State

FL

Zip Code

32578

☒ 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

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
MGR	STEVEN AARON MAYEW	1629 VALPARAISO BLVD	NICEVILLE, FL 32578
			200138364712 12/02/08--01009--006 **138.75
			REINSTATEMENT 05-06-07-08

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

Date

10/13/08

Daytime Phone #

850 428 3817

Typed or printed name of signing Managing Member/Manager