


PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM

LIMITED LIABILITY COMPANY REINSTATEMENT	 FLORIDA DEPARTMENT OF STATE Secretary of State DIVISION OF CORPORATIONS
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18 AUG 27 PM 7:16

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # L04000089894

1. Limited Liability Company's Name

Fishback Construction LLC

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

11304 Register Form Rd
Suite, Apt. #, etc.

3. Mailing Office Address

Suite, Apt. #, etc.

City & State

Tallahassee, FL
Zip Country

32305 LEON

City & State

Zip

Country

8. Name and Address of Current Registered Agent

Name

AGOST H. THORSSON

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

11304 REGISTER FORM RD
Apt. #, Etc.

City

Tallahassee

State

FL

Zip Code

32305

4. State/Country of Formation

FL/LEON

5. Date Organized or Qualified
To Do Business in Florida

12/13/2004

6. FEI Number

20-2083827

Applied For

☐ Not Applicable

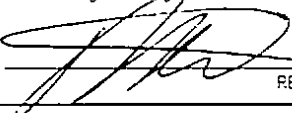
7. CERTIFICATE OF STATUS DESIRED ☐

**\$5.00 Additional Fee required
for a certificate of status**

900317732879
08/28/18--01001--003 **377.50

9. I, being appointed the registered agent of the above named limited liability company, am familiar with and accept the obligations of Chapter 605, F.S.

Signature of
Registered Agent



REGISTERED AGENT MUST SIGN

Date

8/27/2018

10. Names and Street Addresses of Authorized Representatives/Managers

Titles	Name of Authorized Representatives/ Managers	Street Address of Each Authorized Representative/ Manager	City / State / Zip

AUG 27 7PM

C. CARROTHI

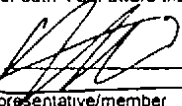
11. E-mail Address

Thorsson36@gmail.com

(To be used for future annual report notifications)

12. I certify that I am an authorized representative/manager or the receiver or trustee empowered to execute this application as provided for in Chapter 605, 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 requirement of section 605.0012, 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 authorized representative/member



Date

8/27/2018

Daytime Phone #

850-321-8767

Typed or printed name of signing authorized representative/member