

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

102

LIMITED LIABILITY  
COMPANY  
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE  
Secretary of State  
DIVISION OF CORPORATIONS

FILED

09 DEC 11 PM 2:35

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # L05000005492

1. Limited Liability Company's Name

Montgomery Construction LLC

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

3. Mailing Office Address

James Montgomery Montgomery Const LLC

Suite, Apt. #, etc.

Suite, Apt. #, etc.

2604 Ave, R NW 2604 Ave, R NW

City & State

City & State

Winter Haven, FL Winter Haven, FL

Zip

Zip

Country

Country

33884 USA 33884 USA

4. State/Country of Formation

FL, USA

5. Date Organized or Qualified  
To Do Business in Florida

6. FEI Number

80-0493627

Applied For

Not Applicable

7. ~~not Desired~~  
CERTIFICATE OF STATUS DESIRED

\$5.00 Additional Fee required  
for a Certificate of Status

8. Name and Address of Current Registered Agent

Name

James Montgomery

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

2604 Ave, R NW

Suite, Apt. #, Etc.

City

Winter Haven

State

FL

Zip Code

33884

☒ 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

*[Signature]*

REGISTERED AGENT MUST SIGN

Date 11-25-09

10. Names and Street Addresses of Managing Members/Managers

| Titles | Name of<br>Managing Members/Managers | Street Address of Each<br>Managing Member/Manager | City / State / Zip     |
|--------|--------------------------------------|---|------------------------|
| mgr    | James Montgomery                     | 2604 AVE, R NW                                    | Winter Haven, FL 33884 |
|        |                                      |   |                        |
|        |                                      |   |                        |
|        |                                      |   |                        |
|        |                                      |   |                        |
|        |                                      |   |                        |
|        |                                      |   |                        |
|        |                                      |   |                        |

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11/30/09-01073--005 \*\*555.00

JB

REINSTATEMENT 2006-09

11. E-mail Address:

(To be used for future annual report notifications)

12. 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

*[Signature]*

Date 11-25-09

Daytime Phone # 863 261 4384

Typed or printed name of signing Managing Member/Manager



FLORIDA DEPARTMENT OF STATE  
Division of Corporations

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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

December 3, 2009

MONTGOMERY CONSTRUCTION LLC  
ATTN: JAMES MONTGOMERY  
2604 AVE. R, NW  
WINTER HAVEN, FL 33884

SUBJECT: MONTGOMERY CONSTRUCTION L.L.C.  
Ref. Number: L05000005492

We have received your document for MONTGOMERY CONSTRUCTION L.L.C. and your check(s) totaling \$555.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The name of the above referenced limited liability company is no longer available. Please file an amendment changing the name of this entity. The fee to file an amendment is \$25.00.

In order to complete your filings, both the reinstatement application and name change amendment must be submitted together along with the applicable fees for processing.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6043.

Joey Bryan  
Regulatory Specialist II

Letter Number: 409A00037042