

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

FILED

07 DEC 27 PM 2:13

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

LIMITED LIABILITY COMPANY REINSTATEMENT



FLORIDA DEPARTMENT OF STATE  
Secretary of State  
DIVISION OF CORPORATIONS

DOCUMENT # L05000017847

1. Limited Liability Company's Name  
C&M Contractors, LLC

CR2E041 (1/07)

2. Principal Office Address - No P.O. Box #  
11907 SR 121 N  
Suite, Apt. #, etc.

3. Mailing Office Address  
11907 SR 121 N  
Suite, Apt. #, etc.

4. State/Country of Formation  
Florida

5. Date Organized or Qualified To Do Business in Florida  
2-22-05

City & State  
Maccleddy, FL  
Zip 32063

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Maccleddy, FL  
Zip 32063

6. FEI Number  
20-2404391

7. CERTIFICATE OF STATUS DESIRED  \$5.00 Additional Fee required for a Certificate of Status

8. Name and Address of Current Registered Agent  
Name: Daniel D. Akel, Esquire  
Street Address (P.O. Box Number is Not Acceptable): One Independent Drive,  
Suite, Apt. #, Etc.: Suite 2301  
City: Jacksonville State: FL Zip Code: 32202

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] Date: 12-6-07  
REGISTERED AGENT MUST SIGN

10. Names and Street Addresses of Managing Members/Managers

Title	Name of Managing Member/Manager	Street Address of Each Managing Member/Manager	City / State / Zip
Manager	Richard M Davis II	11907 SR 121 N Maccleddy, FL 32063	

REINSTATEMENT  
2006-2007  
12/23/07-01028-017 \*\*\*300.00

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 disassociation has been eliminated, the limited liability company name satisfies the requirements of section 608.408, 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: 12-5-07 Daytime Phone #: 904-259-2617  
Typed or printed name of signing Managing Member/Manager: Richard M Davis II