

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**LIMITED LIABILITY  
COMPANY  
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE  
Secretary of State  
DIVISION OF CORPORATIONS

**FILED**

10 APR 14 PM 3:17

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

900174181969  
04/01/10--01046--009 \*\*416.25

CR2E041 (11/09)

DOCUMENT # LO5000026163

1. Limited Liability Company's Name

MILAN CONSTRUCTION LLC

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

13241 VENNETTA WAY  
Suite, Apt. #, etc.

3. Mailing Office Address

13241 VENNETTA WAY  
Suite, Apt. #, etc.

City & State

WINDERMERE FL

Zip Country

34786 U.S.

City & State

WINDERMERE FL

Zip Country

34786 US

4. State/Country of Formation

FLORIDA

5. Date Organized or Qualified  
To Do Business in Florida

3/16/05

6. FE# Number

27-0118068

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 BRIAN T. TRAVIS

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

13241 VENNETTA WAY

Suite, Apt. #, Etc.

City WINDERMERE

State FL

Zip Code 34786

☒ \$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 3/29/10

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
<u>MEM</u>	<u>BRIAN T. TRAVIS</u>	<u>13241 VENNETTA WAY</u>	<u>WINDERMERE, FL 34786</u>

REINSTATEMENT 08-10

11. E-mail Address: MILANCONST@CFL.RR.COM

(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

3/29/10

Daytime Phone # 407.446.1800

Typed or printed name of signing Managing Member/Manager

BRIAN

TRAVIS



FLORIDA DEPARTMENT OF STATE  
Division of Corporations

April 5, 2010

BRIAN T. TRAVIS  
13241 VENNETTA WAY  
WINDERMERE, FL 34786

SUBJECT: MILAN CONSTRUCTION LLC  
Ref. Number: L05000026163

We have received your document for MILAN CONSTRUCTION LLC and your check(s) totaling \$416.25. 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.

You must insert the letters "MGRM" beside the name and address of each managing member and/or the letters "MGR" beside the name and address of each manager listed in the document.

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) 245-6984.

Deborah Bruce  
Regulatory Specialist II

Letter Number: 010A00008214