

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

LIMITED LIABILITY  
COMPANY  
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE  
Secretary of State  
DIVISION OF CORPORATIONS

FILED

09 SEP -3 PM 9:24

SECRETARY OF STATE  
TALLAHASSEE FLORIDA

DOCUMENT # L05000044617

1. Limited Liability Company's Name

Bauldree Construction, LLC  
5687 US Hwy. 331 South Lot 26  
Defuniak Springs, FL 32433

900160133119  
08/31/09--01055--003 \*\*277.50

CR2E041 (12/07)

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

5687 US Hwy. 331 S.

Suite, Apt. #, etc.

Lot # 26

City & State

Defuniak Springs FL

Zip

32433

Country

US

3. Mailing Office Address

Same

Suite, Apt. #, etc.

City & State

Zip

Country

4. State/Country of Formation

Florida

5. Date Organized or Qualified  
To Do Business in Florida

5/3/05

6. FEI Number

20-2776819

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

David R. Bauldree

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

5687 U.S. Hwy. 331 South Lot 26

Suite, Apt. #, Etc.

City

Defuniak Springs

State

FL

Zip Code

32433

☒ 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

*David R. Bauldree*

REGISTERED AGENT MUST SIGN

Date

Aug/27/09

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	David R. Bauldree	5687 US Hwy 331 S. Lot 26	Defuniak Springs, FL 32433
	L. SELLERS		
	SEP -4 2009		
	EXAMINER		

REINSTATEMENT 08/09

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

*David R. Bauldree*

Date

Aug/27/09

Daytime Phone

(321) 797-5290

Typed or printed name of signing Managing Member/Manager

David R. Bauldree