

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**LIMITED LIABILITY
COMPANY
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # L05000045040

1. Limited Liability Company's Name

Build Knowledge Services, LLC

2010 SEP 20 AM 10:14

SECRETARY OF STATE
TALLAHASSEE, FLORIDA 32304-43

07/01/10--01061--003 **238.75

CR2E041 (11/09)

2. Principal Office Address - No P.O. Box # 8574 Bay River Road		3. Mailing Office Address 23929 Meadow Creek Drive	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State Navarre, FL		City & State Robertsdale, AL	
Zip 32566	Country USA	Zip 36567	Country USA

4. State/Country of Formation Florida - USA	
5. Date Organized or Qualified To Do Business in Florida 5/6/2005	
6. FEI Number 20-3368336	Applied For <input type="checkbox"/> Not Applicable
7. CERTIFICATE OF STATUS DESIRED <input type="checkbox"/> \$5.00 Additional Fee required for a Certificate of Status	

8. Name and Address of Current Registered Agent			
Name Michael Fotadi			
Street Address (P.O. Box Number is Not Acceptable) 8574 Bay River Road			
Suite, Apt. #, Etc.			
City Navarre	State FL	Zip Code 32566	

☐ 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 6/18/10

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
MGRM	Michael Fotadi	8574 Bay River Road	Navarre, FL 32566

300182836943
09/21/10--01005--004 **277.50

REINSTATEMENT 08-10

DE 9-21-10

11. E-mail Address: baldwincountybuilder@yahoo.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 6/18/2010

Daytime Phone # 850-777-9002

Typed or printed name of signing Managing Member/Manager Michael Fotadi