

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

LIMITED LIABILITY
COMPANY
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # L05000064021

1. Limited Liability Company's Name

T.J. Plunketts Construction, LLC.

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

863 Willow Ave

Suite, Apt. #, etc.

Tallahassee FL

City & State Tallahassee FL

32310

Zip

32310

Country

LEON

3. Mailing Office Address

P.O. Box 181045

Suite, Apt. #, etc.

City & State

TALL. FL. 32318

Zip

32318

Country

LEON

4. State/Country of Formation

5. Date Organized or Qualified
To Do Business in Florida

6. FEI Number

20425339000

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

Tracey Lyn Plunkett

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

863 Willow Ave

Suite, Apt. #, Etc.

City

Tallahassee

State

FL

Zip Code

32309

☒ 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 3/27/08

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
MYRM	Tracey Plunkett	863 Willow Ave	Tallahassee FL 32310

REINSTATEMENT 06-08

800121460748
03/28/08--01001--004 **416.25

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

[Signature]

Date 3/27/08

Daytime Phone#

(850)

322/5660

Typed or printed name of signing Managing Member/Manager

Tracey Plunkett