

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**LIMITED LIABILITY
COMPANY
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED

07 NOV 28 AM 9:48

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

CR2E041 (1/07)

BSM
11/28

DOCUMENT # L05000057273

1. Limited Liability Company's Name

BOYDS CONSTRUCTION LLC

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

11 JER-BE-LOU CIRCLE

3. Mailing Office Address

PO BOX 406

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

PANACEA, FL.

City & State

PANACEA, FL.

Zip

32346

Country

Zip

32346

Country

4. State/Country of Formation

5. Date Organized or Qualified
To Do Business in Florida

6. FEI Number

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
WILLIAM J BOYD

Street Address (P.O. Box Number is Not Acceptable)
11 JER-BE-LOU CIRCLE

Suite, Apt. #, Etc.

City
PANACEA

State
FL

Zip Code
32346

☒ 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

William J Boyd

REGISTERED AGENT MUST SIGN

Date

11/28/07

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	WILLIAM J BOYD	11 JER-BE-LOU CIRCLE	PANACEA, FL. 32346

400112703334
11/29/07--01051--010 **100.00

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 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

William J Boyd

Date

11/28/07

Daytime Phone #

Typed or printed name of signing Managing Member/Manager