

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**LIMITED LIABILITY
COMPANY
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED

09 MAR -3 PM 2:17

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

700144783447
03/03/09--01003--004 **516.25

CR2E041 (10/08)

DOCUMENT # **L05000075545**

1. Limited Liability Company's Name

Delgado & Son Construction, LLC.

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

2820 Belkton Ct

Suite, Apt. #, etc.

3. Mailing Office Address

Same

Suite, Apt. #, etc.

City & State

Deltona, FL

City & State

Zip

32738

Country

Volusia

Zip

Country

4. State/Country of Formation

Florida, United States

5. Date Organized or Qualified
To Do Business in Florida

2005

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

Raul Delgado

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

2820 Belkton Ct

Suite, Apt. #, Etc.

City

Deltona

State

FL

Zip Code

32738

☐ 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

Raul

Date **2/27/09**

REGISTERED AGENT MUST SIGN

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	Raul Delgado	2820 Belkton Ct Deltona, FL 32738	
MGR	Loyda Delgado	2820 Belkton Ct	Deltona, FL 32738

REINSTATEMENT 2007-09

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

Raul

Date **2/27/09**

Daytime Phone # **386-789-6773**

Typed or printed name of signing Managing Member/Manager

Raul Delgado