PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

LIMITED LIABILITY COMPANY REINSTATEMENT

FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED
2008 OCT 24 AM 10:58
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

CR2E041 (10/08)

DOCUMENT # L05000079900

1. Limited Liability Company's Name
Walton Building Services, LLC
76 Hickory Loop Dr
Freeport fl 32439

2. Principal Office Address - No P.O. Box #	3. Mailing Office Address
Same 76 Hickory Loop Drive - Freeport	same
Suite, Apt. #, etc.	Suite, Apt. #, etc.
	same
City & State: FREEPORT, FL.	City & State: same
Zip: 32439 Country: WALTON	Zip: 32439 Country: USA

4. State/Country of Formation: Freeport, FL USA
5. Date Organized or Qualified To Do Business In Florida: 8/15/05
6. FEI Number: 364578079 ☐ 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: Catherine Cecil
Street Address (P.O. Box Number is Not Acceptable): 76 Hickory Loop Dr.
Suite, Apt. #, Etc.:
City: Freeport State: FL Zip Code: 32439

☒ 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: Catherine A. Cecil Date: 10/21/08
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
MGRM	Catherine Cecil	76 Hickory Loop Dr	freeport fl 32439
			700137255057 10/24/08--01031--012 **377.50
	REINSTATEMENT-07-08		

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: Catherine Cecil Date: 10/21/08 Daytime Phone #: 850-654-1425

Typed or printed name of signing Managing Member/Manager: CATHERINE CECIL after hours 850-582-7636

FLORIDA DEPARTMENT OF STATE
DIVISION OF CORPORATIONS

Detail by Entity Name

Florida Limited Liability Company

WALTON BUILDING SERVICES LLC

Filing Information

Document Number	L05000079900
FEI Number	N/A
Date Filed	08/15/2005
State	FL
Status	INACTIVE
Effective Date	08/13/2005
Last Event	ADMIN DISSOLUTION FOR ANNUAL REPORT
Event Date Filed	09/14/2007
Event Effective Date	NONE

Principal Address

76 HICKORY LOOP
FREEPORT FL 32439

Mailing Address

76 HICKORY LOOP
FREEPORT FL 32439

Registered Agent Name & Address

CECIL, CATHERINE
76 HICKORY LOOP
FREEPORT FL 32439 US

Manager/Member Detail

Name & Address

Title MGRM

CECIL, CATHERINE
76 HICKORY LOOP
FREEPORT FL 32439

Annual Reports

3645 78079 FEI #

REINSTATEMENT 100.00
2007 ANNUAL 138.75
2008 ANNUAL 138.75