

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

LIMITED LIABILITY  
COMPANY  
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE  
Secretary of State  
DIVISION OF CORPORATIONS

07 NOV 20 PM 1:15

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # L05 000081523

1. Limited Liability Company's Name

Chris Mills Construction, LLC

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

413 Eastern Lake Rd.

Suite, Apt. #, etc.

3. Mailing Office Address

Same

Suite, Apt. #, etc.

City & State

Seagrave Bch FL

City & State

Zip

32459

Country

Walton

Zip

Country

4. State/Country of Formation

Fla.

5. Date Organized or Qualified  
To Do Business in Florida

8-17-05

6. FEI Number

74-3150831

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

Chris Mills

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

413 Eastern Lake Rd.

Suite, Apt. #, Etc.

City

Seagrave

State

FL

Zip Code

32459

☒ 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

X Chris Mills

REGISTERED AGENT MUST SIGN

Date

11-19-07

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
MBR	Chris Mills	413 Eastern Lake Rd.	Seagrave Bch FL 32459

300112456789  
11/20/07--01025--003 \*\*100.00

REINSTATEMENT 06-07

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

X Chris Mills

Date

11-19-07

Daytime Phone #

850-225-4721

Typed or printed name of signing Managing Member/Manager

Chris Mills