

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**LIMITED LIABILITY
COMPANY
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT #

1. Limited Liability Company's Name

L05000084592

SEMENTA CONSTRUCTION LLC

200137696802
11/06/08--01008--011 **282.50
CR2E041 (10/08)

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

1432 N.W. 27th Place

Suite, Apt. #, etc.

3. Mailing Office Address

25180 Roland Lane

Suite, Apt. #, etc.

City & State

Cape Coral, Florida

City & State

Punta Gorda, Florida

Zip

33993

Country

USA

Zip

33955

Country

USA

4. State/Country of Formation
Florida, USA

5. Date Organized or Qualified
To Do Business in Florida **8/25/05**

6. FEI Number
010845683

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

Alfred R. Sementa

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

25180 Roland Lane

Suite, Apt. #, Etc.

City

Punta Gorda

State

FL

Zip Code

33955

☒ 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

Alfred R. Sementa

REGISTERED AGENT MUST SIGN

Date **10-28-08**

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
MGR	ALFRED R. SEMENTA	1432 NW 27 PLACE	CAPE CORAL, FL 33993

REINSTATEMENT 2007, 2008

2008 NOV 12 P 1:55
FILED
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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

Alfred R. Sementa

Date **10-28-08**

Daytime Phone # **239-898-3801**

Typed or printed name of signing Managing Member/Manager

ALFRED R. SEMENTA