

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**LIMITED LIABILITY
COMPANY
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED

2003 NOV -6 PM 3: 36

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # L05000084847

1. Limited Liability Company's Name

Robert Swain Concrete LLC

CR2E041 (10/08)

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

6223 Peso CT.

Suite, Apt. #, etc.

3. Mailing Office Address

6223 Peso CT.

Suite, Apt. #, etc.

City & State

Orlando, FL.

City & State

Orlando FL.

Zip

32808

Country

Orange

Zip

32808

Country

Orange

4. State/Country of Formation

FL. Orange

5. Date Organized or Qualified
To Do Business in Florida

6. FEI Number
20-3433476

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

Robert Swain

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

6223 Peso Ct.

Suite, Apt. #, Etc.

City

Orlando

State

FL

Zip Code

32808

☐ 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

Robert Swain
REGISTERED AGENT MUST SIGN

Date 10-24-2008

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
	<i>Robert Swain</i>		

200137327202
10/27/08--01058--017 **239.00

REINSTATEMENT

REINSTATEMENT -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

Robert Swain

Date 11-3-08

Daytime Phone # 407-402-9814

Typed or printed name of signing Managing Member/Manager

407-402-9814