

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**LIMITED LIABILITY  
COMPANY  
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE  
Secretary of State  
DIVISION OF CORPORATIONS

**FILED**

10 AUG 27 AM 9:08

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # L05000099832

1. Limited Liability Company's Name

TMJ Construction Services, LLC

900184767069  
08/27/10--01002--003 \*\*382.50

CR2E041 (05/10)

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

935 Tangelo Circle

Suite, Apt. #, etc

3. Mailing Office Address

P.O. - Box 1097

Suite, Apt. #, etc

City & State

Bartow Florida

Zip

33830

Country

USA

City & State

Bartow Florida

Zip

33831

Country

USA

4. State/Country of Formation

Florida

5. Date Organized or Qualified  
To Do Business in Florida

10/10/2005

6. FEI Number

13-4310357

☐ 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

James Elbert Burt

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

935 Tangelo Circle

Suite, Apt. #, Etc

City

Bartow

State

FL

Zip Code

33830

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

James E. Burt

REGISTERED AGENT MUST SIGN

Date

August 27, 2010

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
<u>MEM</u>	<u>James Elbert Burt</u>	<u>935 Tangelo Circle</u>	<u>Bartow FL 33830</u>
<u>MEM</u>	<u>Mercia Siles Burt</u>	<u>" "</u>	<u>" "</u>

**REINSTATEMENT** 2009-10

11. E-mail Address:

(To be used for future annual report notifications)

12. 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

James E. Burt

Date 8/27/10

Daytime Phone #

863-581-4873

Typed or printed name of signing Managing Member/Manager