

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**LIMITED LIABILITY COMPANY REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE  
Secretary of State  
DIVISION OF CORPORATIONS

DOCUMENT # L05000115559

1. Limited Liability Company's Name

**J & D All Phase Construction LLC**

2. Principal Office Address - No P.O. Box #  
**39049 6th Ave.**

Suite, Apt. #, etc.

City & State  
**Zephyrhills, FL**

Zip  
**33542**

Country  
**U.S.A.**

3. Mailing Office Address  
**39049 6th Ave.**

Suite, Apt. #, etc.

City & State  
**Zephyrhills, FL**

Zip  
**33542**

Country  
**U.S.A.**

4. State/Country of Formation  
**U.S.A., Florida**

5. Date Organized or Qualified To Do Business in Florida  
**10/19/2005**

6. FEI Number  
**20-3524110**

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  
**John Daniel Carlson**

Street Address (P.O. Box Number is Not Acceptable)  
**39049 6th Ave.**

Suite, Apt. #, Etc.

City  
**Zephyrhills,**

State  
**FL**

Zip Code  
**33542**

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

*John D. Carlson*

REGISTERED AGENT MUST SIGN

Date **9/25/07**

**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    |
|--------|-----------------------------------|--|-----------------------|
| MGRM   | John D. Carlson                   | 39049 6th Ave.                                 | Zephyrhills, FL 33542 |
|        |                                   |  |                       |
|        |                                   |  |                       |
|        |                                   |  |                       |
|        |                                   |  |                       |
|        |                                   |  |                       |
|        |                                   |  |                       |

**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

*John D. Carlson*

Date **9/25/07**

Daytime Phone # **813 744 0760**

Typed or printed name of signing Managing Member/Manager **John D. Carlson**

FILED  
07 OCT -9 PM 3:07

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

900110059739  
09/28/07--01050--023 \*\*200.00

CR2E041 (1/07)