

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM

**LIMITED LIABILITY
COMPANY
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

16 OCT 28 AM 9:21

DOCUMENT # L050000121068

1. Limited Liability Company's Name

MJS Builders, LLC

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

1317 NE 16 PLACE

Suite, Apt. #, etc.

City & State

CAPE CORAL FL

Zip

33909

Country

USA

3. Mailing Office Address

1317 NE 16 PLACE

Suite, Apt. #, etc.

City & State

CAPE CORAL FL

Zip

33909

Country

CR2E041 (1/14)

4. State/Country of Formation

FLORIDA

5. Date Organized or Qualified
To Do Business in Florida

1-2-2006

6. FEI Number

11-37656000

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

MARK J SOUTHWICK SR.

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

1317 NE 16 PLACE

Apt. #, Etc.

City

CAPE CORAL

State

FL

Zip Code

33909

300291782553
10/28/16--01030--023 **1071.00

9. I, being appointed the registered agent of the above named limited liability company, am familiar with and accept the obligations of Chapter 605, F.S.

Signature of
Registered Agent

Mark J Southwick Sr.

Date 10-26-16

REGISTERED AGENT MUST SIGN

10. Names and Street Addresses of Authorized Representatives/Managers

Titles	Name of Authorized Representatives/ Managers	Street Address of Each Authorized Representative/ Manager	City / State / Zip
<u>MEM</u>	<u>MARK J SOUTHWICK SR.</u>	<u>1317 NE 16 PLACE</u>	<u>CAPE CORAL FL 33909</u>
<u>AM</u>	<u>JASON BODKIN</u>	<u>3504 PELICAN BLVD</u>	<u>CAPE CORAL FL 33914</u>

REINSTATEMENT

2010-2016

11. E-mail Address

MJSBUILDERS@YAHOO.COM

(To be used for future annual report notifications)

12. I certify that I am an authorized representative/ manager or the receiver or trustee empowered to execute this application as provided for in Chapter 605, 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 requirement of section 605.0012, 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. I am aware that false information submitted in a document to the Department of State constitutes a third degree felony as provided for in s. 817.155, F.S.

Signature of authorized representative/member

Mark J Southwick Sr.

Date

10-26-16

Daytime Phone #

941-249-3694

Typed or printed name of signing authorized representative/member