PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

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LIMITED LIABILITY COMPANY REINSTATEMENT	FLORIDA DEPARTMEN Secretary of S DIVISION OF CORPOR	state	FILED 10 AUG -5 AM 9: 50 SLURETARY OF STATE
DOCUMENT # LO600001921 1. Limited Liability Company's Name			TALLAHASSEE, FLORIDA
Republic Commercial Contractors LLC			
		700184026887 08/04/1001032008 **516.25	
Principal Office Address - No P.O. Box #	3. Mailing Office Address		CR2E041 (05/10)
411 S. WESTLAND AVE	411 S. WESTLAND AVE		State/Country of Formation
Suite, Apt. #, etc.	Suite, Apt. #, etc.		Florida - Orange es.
<u> </u>	#3 #3		5. Date Organized or Qualified To Do Business in Florida / / ひも / よいさら
City & State City & State City & State Tampa FL Tampa FL		6. FEI Number Applied For	
TAMPA FL.		intry	830444 130 Not Applicable
33686 US	- '	u)	7. CERTIFICATE OF STATUS DESIRED 55.00 Additional Fee required for a Certificate of Status
	Current Registered Agent	-	
Name			
Street Address (P.O. Box Number is Not Acceptable)			
411 S. WESTLAND AVE			
Suite, Apt. #, Etc.			
City State Zip Code			
TAMPA FL 33606			
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			
REGISTERED AGENT MUST SIGN			
10. Names and Street Addresses of Managing Members/Managers			
Titles Name of Street Address of Each City / State / Zip Managing Members/ Managers Manager City / State / Zip			
4/11 S. WESTLAND AVE #3			
Prico James M. itofford Tompa, FL 33606 Tompa FL 33606			
REINSTATEMENT 08-10			
11. E-mail Address: Jim @ jPSRFORMANCE CONSTRUCTION: NET (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 Manager Date 8/2/18 Daytime Phone # 732-204-2324			
Managing Member/Manager Date 8/2/16 Daytime Phone # 731-104-2324 Typed or printed name of signing Managing Member/Manager Times) m Hoffelix &			