

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

13 JUL -8 AM 7:50

DOCUMENT # L06000009481

1. Limited Liability Company's Name

All Sons' ~~Service~~ Construction LLC

700249324137
06/27/13--01022--005 **298.75
CR2E041 (1/11)

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

1125 NW 45th Terrace

Suite, Apt. #, etc.

3. Mailing Office Address

1125 NW 45th Terrace

Suite, Apt. #, etc.

4. State/Country of Formation

Florida USA

5. Date Organized or Qualified
To Do Business in Florida

11/26/2006

6. FEI Number

204194427

Applied For

Not Applicable

7. CERTIFICATE OF STATUS DESIRED ☒

\$5.00 Additional Fee required
for a Certificate of Status

City & State

Lauderhill FL

Zip

33313

Country

USA

City & State

Lauderhill, FL

Zip

33313

Country

USA

8. Name and Address of Current Registered Agent

Name

Anthony L. Dorsey

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

1125 NW 45th Terrace

Suite, Apt. #, Etc.

City

Lauderhill

State

FL

Zip Code

33313

E-mail Address:

700249324137
07/09/13--01005--001 **278.00

allsonsconstruction@hotmail.com

(To be used for future annual report notices)

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

Anthony L. Dorsey
REGISTERED AGENT MUST SIGN

Date

6/26/13

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
MGR	Anthony L. Dorsey	1125 NW 45 Terrace	Lauderhill FL 33313
	REINSTATEMENT	2011-2013	JUL 9 2013 T. HAMPTON

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. 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 Managing
Member/Manager

Anthony L. Dorsey

Date

6/26/13

Daytime Phone #

(786) 444-1135

Typed or printed name of signing Managing Member/Manager