

#38.75

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

LIMITED LIABILITY  
COMPANY  
REINSTATEMENTFLORIDA DEPARTMENT OF STATE  
Secretary of State  
DIVISION OF CORPORATIONSFILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS

09 MAR 18 PM 12:40

REINSTATEMENT D7-09 Rev

CR2E041 (10/08)

DOCUMENT # LDL-16417

## 1. Limited Liability Company's Name

Scott Wilkerson Construction L.L.C

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

10550 NE 124 STREET

Suite, Apt. #, etc.

## 3. Mailing Office Address

P.O. Box 644

Suite, Apt. #, etc.

City &amp; State

Archer Fla

City &amp; State

Bronson Fla

Zip

32618

Country

US

Zip

32621

Country

US

## 4. State/Country of Formation

U.S.A5. Date Organized or Qualified  
To Do Business in Florida3-17-09

## 6. FEI Number

04-3844747

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

Scott Wilkerson Construction L.L.C

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

10550 NE 124 ST

Suite, Apt. #, Etc.

City

Archer

State

FL

Zip Code

32618☒ 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 AgentSAW

Date

3-17-09

REGISTERED AGENT MUST SIGN

## 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>MGPM</u>	<u>Scott Wilkerson</u>	<u>10550 NE 124 ST A</u>	<u>Archer Fla 32618</u>

400146229934

03/19/09--01011--029 \*\*38.75

12/03/08-01016-010-#377.50

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/ManagerSAW

Date

3-17-09

Daytime Phone #

352-250-0399

Typed or printed name of signing Managing Member/Manager