


PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

LIMITED LIABILITY COMPANY REINSTATEMENT		 FLORIDA DEPARTMENT OF STATE Secretary of State DIVISION OF CORPORATIONS		<div style="writing-mode: vertical-rl; transform: rotate(180deg);">SECRETARY OF STATE TALLAHASSEE, FLORIDA</div> <div style="writing-mode: vertical-rl; transform: rotate(180deg);">08 DEC 16 PM 4:14</div> <div style="writing-mode: vertical-rl; transform: rotate(180deg);">FILED</div> CR2E041 (10/08)	
DOCUMENT # <u>L06000023903</u>					
1. Limited Liability Company's Name <u>R J Michel Construction Services LLC</u>					
2. Principal Office Address - No P.O. Box # <u>3032 Parkridge Ave</u> <small>Suite, Apt. #, etc.</small>		3. Mailing Office Address <u>SAME AS Principal</u> <small>Suite, Apt. #, etc.</small>			
City & State <u>Mulberry FL</u>		City & State <u>Mulberry FL</u>			
Zip <u>33860</u>	Country <u>Polk</u>	Zip <u>33860</u>		Country <u>FL</u>	
4. State/Country of Formation <u>Polk</u>		5. Date Organized or Qualified To Do Business in Florida <u>3/6/66</u>			
6. FEI Number <u>204445863</u>		<input type="checkbox"/> Applied For <input checked="" type="checkbox"/> Not Applicable			
7. CERTIFICATE OF STATUS DESIRED <input checked="" type="checkbox"/>		<input type="checkbox"/> \$5.00 Additional Fee required for a Certificate of Status			
8. Name and Address of Current Registered Agent					
Name <u>Roberto J. Michele</u>					
Street Address (P.O. Box Number is Not Acceptable) <u>3032 Parkridge Ave</u>					
Suite, Apt. #, Etc.					
City <u>Mulberry</u>		State <u>FL</u>	Zip Code <u>33860</u>		
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 <u>[Signature]</u>		Date <u>10/29/08</u>			
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>MEM</u>	<u>Roberto J Michele</u>	<u>3032 Parkridge Ave</u>		<u>Mulberry FL 33860</u>	
				<u>600139233096</u> <u>12/23/08--01014--006 **138.75</u>	
				<u>400137607604</u> <u>11/04/08--01019--011 **243.75</u>	
REINSTATEMENT					
<u>07-08</u>					
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 <u>[Signature]</u>		Date <u>10/29/08</u>		Daytime Phone# <u>863-529-8022</u>	
Typed or printed name of signing Managing Member/Manager _____					