

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

LIMITED LIABILITY
COMPANY
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED

10 JUL 26 AM 11:50

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # LC 60000 34435

1. Limited Liability Company's Name

E Z CONSTRUCTION LLC

CR2E041 (05/10)

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

2410 TALLAHASSEE TRAIL

Suite, Apt. #, etc.

3. Mailing Office Address

Suite, Apt. #, etc.

City & State

NAUANA FL

Zip

32333

Country

US

Zip

Country

4. State/Country of Formation

FL US

5. Date Organized or Qualified
To Do Business in Florida

4-3-06

6. FEI Number

☐ 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

ERIC WARNER

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

2410 TALLAHASSEE TRAIL

Suite, Apt. #, Etc.

City

NAUANA FL 3

State

FL

Zip Code

32333

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

Eric Warner

Date

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>mgr</u> | <u>Eric Warner</u> | <u>2410 TALLAHASSEE TRAIL</u> | <u>NAUANA FL 32333</u> |
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JB

2009-10

REINSTATEMENT

11. E-mail Address

(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

Managing Member/Manager

Eric Warner

Date

7/26/10

Daytime Phone #

850-294-2865

Typed or printed name of signing Managing Member/Manager