

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**LIMITED LIABILITY  
COMPANY  
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE  
Secretary of State  
DIVISION OF CORPORATIONS

**FILED**

2009 OCT 9 PM 1:45

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

100161552351  
10/09/09--01023--017 \*\*\*416.25

CR2E041 (10/08)

**DOCUMENT # L06000045194**

1. Limited Liability Company's Name

Chronus Construction LLC

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

137 Pacific Ave

Suite, Apt. #, etc.

City & State

Clermont, FL 347

Zip

34711

Country

USA

3. Mailing Office Address

PO 121403

Suite, Apt. #, etc.

City & State

Clermont, FL

Zip

34712

Country

USA

4. State/Country of Formation

Florida/USA

5. Date Organized or Qualified

To Do Business in Florida 5/06

6. FEI Number

26-3832072

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

Aaron T. Guess

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

16716 Artimino Loop

Suite, Apt. #, Etc.

City

Montverde

State

FL

Zip Code

34756

☒ 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 Agent

Date 10/1/09

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
CEO / MGR	Aaron T. Guess	16716 Artimino Loop	Montverde, FL 34756
REINSTATEMENT-07-09			

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

Date 10/01/09

Daytime Phone # 407-559-1000

Typed or printed name of signing Managing Member/Manager Aaron T. Guess

C-L