

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 CORPORATION

10 FEB 10 PM 3: 37

DOCUMENT # **L06000068387**

1. Limited Liability Company's Name

*Donegan construction LLC*

**400167985444**  
02/04/10--01005--012 \*\*416.25 ✓  
CR2E041 (11/09)

2. Principal Office Address - No P.O. Box # <i>695 Deedra Ave</i>		3. Mailing Office Address <i>695 Deedra Ave</i>	
Suite, Apt. #, etc		Suite, Apt. #, etc	
City & State <i>Pensacola, FL</i>		City & State <i>Pensacola, FL</i>	
Zip <i>32514</i>	Country <i>USA</i>	Zip <i>32514</i>	Country <i>USA</i>

4. State/Country of Formation <i>Florida</i>	
5. Date Organized or Qualified To Do Business in Florida <i>07/06/2006</i>	
6. FEI Number <i>371527394</i>	Applied For Not Applicable
7. CERTIFICATE OF STATUS DESIRED <input type="checkbox"/> \$5.00 Additional Fee required for a Certificate of Status	

8. Name and Address of Current Registered Agent

Name  
*Brian Donegan*

Street Address (P.O. Box Number is Not Acceptable)  
*695 Deedra Ave*

Suite, Apt. #, Etc.

City  
*Pensacola*

State  
**FL**

Zip Code  
*32514*

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 *Brian Donegan* Date *1/29/10*

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
<i>MGRM</i>	<i>Brian Donegan</i>	<i>695 Deedra Ave</i>	<i>Pensacola, FL 32514</i>

11. E-mail Address: *DoneganConstruction@live.com*  
(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 *Brian Donegan* Date *1/29/10* Daytime Phone # *(850) 384-7124*

Typed or printed name of signing Managing Member/Manager *Brian Donegan*