PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

COMPANY REINSTATEMENT COMPANY REINSTATEMENT REINSTATEMENT FLORIDA DEPARTMENT OF STATE Secretary of State DIVISION OF CORPORATIONS	西部に配動 15 JAN -2 AM 9: 50 MACRETARY OF 2 14 15
DOCUMENT # LOGO0068452 1. Limited Liability Company's Name Dan EASTERLING Construction, LCC	新 養子 李 特養子 > 4 2 2 2 4 3 4 3 4 3 4 3 4 3 4 3 4 3 4 3
2. Principal Office Address - No P.O. Box # 4428 Mirada Way Suite, Apt. #, etc. 3. Mailing Office Address 4428 Mirada Way Suite, Apt. #, etc.	4. State/Country of Formation Posa 5. Date Organized or Qualified To Do Business in Florida
City & State Crestview Fl. Crestview Fl 2ip 32539 OKaloosa 32539 OKaloosa	6. FEI Number 8 35 0 2 7 Applied For Not Applicable 7. CERTIFICATE OF STATUS DESIRED for a Certificate of Status
8. Name and Address of Current Registered Agent Name Dan A · Easteving III Street Address (P.O. Box Number is Not Acceptable) H428 M KADA WAY Suite, Apt. #, Etc. City Crestulew FL 32539	300267936273 01/02/1501024015 **238.75
9. I, being appointed the registered agent of the above named limited liability company, am familiar with and Signature of Registered Agent REGISTERED AGENT MUST SIGN	d accept the obligations of Chapter 605, F.S. Date 12/30/14
10. Names and Street Addresses of Authorized Representatives/Managers	
Name of Authorized Representatives/ Authorized Representatives/ Managers Day Easter Ing III Florida	
REINSTATEMENT	JAN 0 2 2014 R. HUNT
11. E-mail Address: Danconstructions a 40 hoor	Cam
(To be used for future annual report notifications) 12. I certify that I am an authorized representative/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 605,0012. 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. I am aware that false information submitted to the Department of State constitutes a third degree felony as provided in s. 817.155, F.S. Signature of Authorized Representative/Manager Date Date Daytime Phone # SO 565 - 7493 Typed or printed name of signing Authorized Representative/Manager	