

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

LIMITED LIABILITY
COMPANY
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED

2008 DEC 22 PM 2:58

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

700137710467
11/06/08--01035--003 **277.50

CR2E041 (10/08)

DOCUMENT # L060000078990

1. Limited Liability Company's Name

James Webb Concrete
4201 April Lane
Mims, FL 32754

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

4201 April Lane

Suite, Apt. #, etc.

3. Mailing Office Address

4201 April Lane

Suite, Apt. #, etc.

City & State

Mims, FL

City & State

Mims, FL

Zip

32754

Country

Brevard

Zip

32754

Country

Brevard

4. State/Country of Formation

Florida-Brevard County

5. Date Organized or Qualified
To Do Business in Florida

6. FEI Number

20-585-0332

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

James Webb

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

4201 April Lane

Suite, Apt. #, Etc.

City

Mims,

State

FL

Zip Code

32754

☒ 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

James Webb

REGISTERED AGENT MUST SIGN

Date Oct. 31, 2008

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
Manager Owner	James Webb	4201 April Lane	Mims, FL 32754

REINSTATEMENT

07-08AL

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 608.408, 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

James Webb

Date 10-31-08

Office # 321-383-0151

Cell
Daytime Phone # 321-446-4185

Typed or printed name of signing Managing Member/Manager

James Webb