

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**LIMITED LIABILITY  
COMPANY  
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE  
Secretary of State  
DIVISION OF CORPORATIONS

DOCUMENT # LO6000090422

1. Limited Liability Company's Name

Prime Construction Group, LLC  
of Boca Raton

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

354 NE 6<sup>th</sup> Street

Suite, Apt. #, etc.

City & State

Boca Raton FL

Zip

33432

Country

PB

3. Mailing Office Address

354 NE 6<sup>th</sup> Street

Suite, Apt. #, etc.

City & State

Boca Raton, FL

Zip

33432

Country

PB

4. State/Country of Formation

5. Date Organized or Qualified  
To Do Business in Florida

6. FEI Number

61-1509338

☐ 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

Björn M. Anderson

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

354 NE 6<sup>th</sup> St.

Suite, Apt. #, Etc.

City

Boca Raton, FL

State

FL

Zip Code

33432

9. I, being appointed the registered agent of the above named limited liability company, am familiar with and accept the obligations of Chapter 605, F.S.

Signature of

Registered Agent

REGISTERED AGENT MUST SIGN

Date

Oct. 21, 2014

10. Names and Street Addresses of Authorized Representatives/Managers

| Titles        | Name of<br>Authorized Representatives/<br>Managers | Street Address of Each<br>Authorized Representative/<br>Manager | City / State / Zip         |
|---------------|--|---|----------------------------|
| <u>Member</u> | <u>Björn Anderson</u>                              | <u>354 NE 6<sup>th</sup> St. - Boca Raton</u>                   | <u>Boca Raton FL 33432</u> |
|               |  |   |                            |
|               |  |   |                            |
|               |  |   |                            |
|               |  |   |                            |
|               |  |   |                            |

11. E-mail Address:

primecg@bellsouth.net

(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

Oct. 21, 14

Daytime Phone #

561-271-6095

Typed or printed name of signing Authorized Representative/Manager

FILED

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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

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REINSTATEMENT 2013-14

11/20/14