


PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

<b>LIMITED LIABILITY COMPANY REINSTATEMENT</b>	 <b>FLORIDA DEPARTMENT OF STATE Secretary of State DIVISION OF CORPORATIONS</b>
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DOCUMENT # L06000094406

1. Limited Liability Company's Name

HG CONSTRUCTION

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

2347 RIVER ROAD

Suite, Apt. #, etc.

3. Mailing Office Address

2347 RIVER ROAD

Suite, Apt. #, etc.

City & State

BONIFAY, FL 32425

City & State

BONIFAY, FL 32425

Zip

32425

Country

USA

Zip

32425

Country

USA

4. State/Country of Formation

FL/USA

5. Date Organized or Qualified  
To Do Business in Florida

01/04

6. FEI Number

20-5630393

☐ 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

BETH SKETOE

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

2347 RIVER ROAD

Suite, Apt. #, Etc.

City

BONIFAY, FL 32425

State

FL

Zip Code

32425

☐ 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

*Beth Sketoe*

Date

05/20/09

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
<i>mgm</i>	BETH SKETOE	2347 RIVER ROAD	BONIFAY, FL 32425
<i>mgrm</i>	DEAN R HOLBROOK	2347 RIVER ROAD	BONIFAY, FL 32425

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

*Beth Sketoe*

Date

05/20/09

Daytime Phone #

850-596-9460

Typed or printed name of signing Managing Member/Manager

Beth Sketoe

FILED

09 JUL -6 AM 11:01

SECRETARY OF STATE  
TALLAHASSEE FLORIDA

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CR2E041 (10/08)