

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

17 MAY 25 AM 9:44

**LIMITED LIABILITY
COMPANY
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # L06000095687

1. Limited Liability Company's Name

~~Nations Roofing, Construction & Mechanical, LLC~~

Florida Construction Services

05/25/17--01022--006 **142.50

200299158062
05/11/17--01018--022 **1492.50

CR2E041 (1/14)

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

9717 Palmento Way

3. Mailing Office Address

PO Box 121212

Suite, Apt. #, etc.

Suite, Apt. #, etc.

4. State/Country of Formation

Florida, USA

5. Date Organized or Qualified

To Do Business in Florida 09/29/2006

6. FEI Number

20-5676547

Applied For

Not Applicable

7. CERTIFICATE OF STATUS DESIRED ☒

\$5.00 Additional Fee required
for a certificate of status

City & State

Clermont, Florida

City & State

Clermont, Florida

Zip

34711

Country

USA

Zip

34712

Country

USA

8. Name and Address of Current Registered Agent

Name

Jason E. Morphet

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

9717 Palmento Way

Apt. #, Etc.

City

Clermont

State

FL

Zip Code

34711

affm 5/25/17
Reinstatement - 2007-2017

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

Date

5/8/17

REGISTERED AGENT MUST SIGN

10. Names and Street Addresses of Authorized Representatives/Managers

| Titles | Name of Authorized Representatives/ Managers | Street Address of Each Authorized Representative/ Manager | City / State / Zip |
|--------|--|---|--------------------|
| MGR | Drew Worthmann | 9717 Palmento Way | Clermont, FL 34711 |
| AMBR | Jennifer Vandergrift | 9717 Palmento Way | Clermont, FL 34711 |
| MGR | Jason E Morphet | 9717 Palmento Way | Clermont FL 34711 |
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11. E-mail Address: jenm326@yahoo.com

(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 605, 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 requirement 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 in a document to the Department of State constitutes a third degree felony as provided for in s. 817.155, F.S.

Signature of authorized representative/member

Date 05/08/2017

Daytime Phone # 352-434-5319

Typed or printed name of signing authorized representative/member

Jennifer Vandergrift