

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**LIMITED LIABILITY
COMPANY
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

10 MAY -3 PM 1:28

DOCUMENT # L06000097569

1. Limited Liability Company's Name

MARKO CONSTRUCTION LLC

08

400179939124
05/03/10--01003--006 **416.25

CR2E041 (12/07)

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

12 BLACK OAK COURT

Suite, Apt. #, etc.

3. Mailing Office Address

12 BLACK OAK COURT

Suite, Apt. #, etc.

City & State

PALM COAST, FLORIDA

Zip

32137

Country

City & State

PALM COAST, FLORIDA

Zip

32137

Country

4. State/Country of Formation

FLORIDA

5. Date Organized or Qualified
To Do Business in Florida

10/05/2006

6. FEI Number
22-3944313

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

SPIEGEL & UTRERA, P.A.

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

1840 Southwest 22nd Street

Suite, Apt. #, Etc.

4th Floor

City

Miami

State

FL

Zip Code

33145

☒ 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.

SPIEGEL & UTRERA, P.A.

Signature of

Registered Agent By: **/s/ NATALIA UTRERA**

Date

Natalia Utrera, Vice President

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
MGR	MARKO KARDAS	12 BLACK OAK COURT	PALM COAST, FLORIDA 32137

REINSTATEMENT 2008-2010

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

Date **4/26/10**

Daytime Phone # **407-383-6338**

Typed or printed name of signing Managing Member/Manager **MARKO KARDAS**