

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**LIMITED LIABILITY
COMPANY
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED

09 APR 21 PM 4:25

**SECRETARY OF STATE
TALLAHASSEE, FLORIDA**

DOCUMENT # 1.06000099443

1. Limited Liability Company's Name

Gaytan Bros. Construction, LLC

400150704324
04/16/09--01046--001 **138.75
CR22041 (10/08)

2. Principal Office Address - No P.O. Box #
1597 SE Apple Dr.

3. Mailing Office Address
1597 SE Apple Dr.

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State
Arcadia, FL

City & State
Arcadia, FL

Zip Country
34266 DeSoto

Zip Country
34266 DeSoto

4. State/Country of Formation
Florida, United States of America

**5. Date Organized or Qualified
To Do Business in Florida** 10/11/2006

6. FEI Number
20-5713455

☐ 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
Delfin Gaytan

Street Address (P.O. Box Number is Not Acceptable)
1597 SE Apple Dr.

Suite, Apt. #, Etc.

City State Zip Code
Arcadia FL 34266

☒ 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 Delfin Gaytan
REGISTERED AGENT MUST SIGN

Date 4/13/09

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 |
|--------|-----------------------------------|--|--------------------|
| MGRM | Delfin Gaytan | 1597 SE Apple Dr. | Arcadia, FL 34266 |
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400150704324
04/16/09--01046--002 **138.75

REINSTATEMENT

07-09 DB

400150704324
04/16/09--01046--003 **138.75

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 Delfin Gaytan **Date** 4/13/09 **Daytime Phone #** 863-990-5198

Typed or printed name of signing Managing Member/Manager