


PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

LIMITED LIABILITY COMPANY REINSTATEMENT		 FLORIDA DEPARTMENT OF STATE Secretary of State DIVISION OF CORPORATIONS	
DOCUMENT # <u>L06000109931</u>			
1. Limited Liability Company's Name <u>LONNIE'S CONCRETE WORKS, LLC</u>			
2. Principal Office Address - No P.O. Box # <u>420 Fletcher Ave</u> Suite, Apt. #, etc.		3. Mailing Office Address <u>420 Fletcher Ave</u> Suite, Apt. #, etc.	
City & State <u>Daytona Bch. FL</u> Zip <u>32114</u> Country <u>Volusia</u>		City & State <u>Daytona Bch. FL</u> Zip <u>32114</u> Country <u>Volusia</u>	
4. State/Country of Formation <u>Florida</u>		5. Date Organized or Qualified To Do Business in Florida <u>NOV. 14, 2006</u>	
6. FEI Number <u>40-041815</u>		Applied For <input type="checkbox"/> Not Applicable	
7. CERTIFICATE OF STATUS DESIRED <input type="checkbox"/>		\$5.00 Additional Fee required for a Certificate of Status	
8. Name and Address of Current Registered Agent Name <u>LONNIE DAVIS</u> Street Address (P.O. Box Number is Not Acceptable) <u>420 Fletcher Ave</u> Suite, Apt. #, Etc. City <u>Daytona Bch.</u> State <u>FL</u> Zip Code <u>32114</u>			
<input type="checkbox"/> 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. 100172439491 03/17/10--01037--012 **0.75			
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 <u>Loonie Davis</u> Date <u>3-11-10</u> REGISTERED AGENT MUST SIGN			
10. Names and Street Addresses of Managing Members/Managers			
Title	Name of Managing Members/Managers	Street Address of Each Managing Member/Manager	City / State / Zip
<u>Mgr</u>	<u>Jill J. Davis</u>	<u>420 Fletcher Ave.</u>	<u>Daytona Bch. FL 32114</u>
REINSTATEMENT <u>2007-10</u> <u>65.00</u>		S. HAWKES MAR 23 2010 EXAMINER 100172439491 05/04/10--01005--012 **417.0	
11. E-mail Address: <u>daytdavis@aol.com</u> (To be used for future annual report notifications)			
12. 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 <u>[Signature]</u> Date <u>3-11-10</u> Daytime Phone # <u>386-299-8547</u> Typed or printed name of signing Managing Member/Manager _____			



FLORIDA DEPARTMENT OF STATE
Division of Corporations

March 23, 2010

LONNIE'S CONCRETE WORKS, LLC
420 FLETCHER AVE
DAYTONA BEACH, FL 32114

SUBJECT: LONNIE'S CONCRETE WORKS, LLC
Ref. Number: L06000109931

We have received your document for LONNIE'S CONCRETE WORKS, LLC and your check(s) totaling \$238.75. However, the enclosed document has not been filed and is being returned for the following correction(s):

The fees to reinstate the limited liability company are as follows: \$100.00 reinstatement fee; \$138.75 filing fee per year for the years 2007 through 2010; and \$5.00 for each certificate of status requested (optional). Therefore, the total amount due at this time is \$417.00.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6955.

Suzanne Hawkes
Regulatory Specialist II

Letter Number: 310A00007117