

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

\$416.25
+ 5.00
\$421.25

LIMITED LIABILITY
COMPANY
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED

2009 OCT -6 PM 1:13

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

000161284560
10/02/09--01045--009 **421.25

DOCUMENT # L06000114738

1. Limited Liability Company's Name

B & H CONSTRUCTION SERVICES, LLC

CR2E041 (10/08)

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

300 BAYOU BLVD

Suite, Apt. #, etc.

#218

City & State

PENSACOLA, FL

Zip

32503

Country

USA

3. Mailing Office Address

300 BAYOU BLVD.

Suite, Apt. #, etc.

#218

City & State

PENSACOLA, FL

Zip

32503

Country

USA

4. State/Country of Formation

FL

5. Date Organized or Qualified
To Do Business in Florida

NOV 30th 2006

6. FEI Number

760842971

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

TRAVIS HART

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

300 BAYOU BLVD

Suite, Apt. #, Etc.

#218

City

PENSACOLA

State

FL

Zip Code

32503

☒ 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

Travis Hart

Date

9/30/09

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
MEM	TRAVIS HART	300 BAYOU BLVD APT #218	PENSACOLA, FL

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

Travis Hart

Date

9/30/09

Daytime Phone #

850-261-1093

Typed or printed name of signing Managing Member/Manager

TRAVIS HART