

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 5:26

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

000148550350  
04/03/09--01004--031 \*\*277.50  
CR2E041 (10/08)

DOCUMENT # L06000116886

1. Limited Liability Company's Name

All Trades Construction, LLC

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

16627 Pine Timber Ave

Suite, Apt. #, etc.

City & State

Montverde, FL

Zip

34756

Country

USA

3. Mailing Office Address

PO Box 560220

Suite, Apt. #, etc.

City & State

Montverde, FL

Zip

34756

Country

USA

4. State/Country of Formation  
Florida

5. Date Organized or Qualified  
To Do Business in Florida 12/07/2006

6. FEI Number  
208007016

☐ 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

Michael A. Hamm

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

16627 Pine Timber Ave

Suite, Apt. #, Etc.

City

Montverde

State

FL

Zip Code

34756

☒ 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

Date April 01, 2009

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	Michael A. Hamm	16627 Pine Timber Ave	Montverde, FL 34756

REINSTATEMENT 08-09

DB

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 04/01/2009

Daytime Phone # 407-252-8353

Typed or printed name of signing Managing Member/Manager Michael A. Hamm