

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

08 OCT 27 PM 4:15

DOCUMENT # **L06000 117544**

1. Limited Liability Company's Name

**M Construction LLC**

**800136688298**  
10/07/08--01006--005 \*\*277.50

CR2E041 (10/08)

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

**2920 pebblecreek st**

3. Mailing Office Address

**2920 PEBBLECREEK ST.**

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

**melbourne, Fla**

City & State

**MELBOURNE FL**

Zip

**32935**

Country

**United States**

Zip

**32935**

Country

**UNITED STATES**

4. State/Country of Formation

**FLORIDA / UNITED STATES**

5. Date Organized or Qualified  
To Do Business in Florida

**12/11/2006**

6. FEI Number

**20-8377687**

☐ 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

**John Massaro**

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

**2920 pebblecreek st**

Suite, Apt. #, Etc.

City

**melbourne**

State

**FL**

Zip Code

**32935**

☒ 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 **10-1-08**

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
<b>MEM</b>	<b>John MASSARO</b>	<b>2920 pebblecreek st</b>	<b>MELBOURNE FL, 32935</b>

**REINSTATEMENT 2007-08**

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 **10-1-08**

Daytime Phone # **321-254-6512**

Typed or printed name of signing Managing Member/Manager

**John MASSARO**