
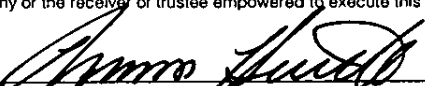
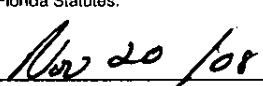


2008 LIMITED LIABILITY COMPANY REINSTATEMENT

DOCUMENT # L06000122632						FILED 08 NOV 20 AM 10:25 SECRETARY OF STATE TALLAHASSEE, FLORIDA	
1. Entity Name HEWITT CONSTRUCTION LLC				Principal Place of Business 80 PASSION FLOWER LANE CRAWFORDVILLE, FL 32327			
2. Principal Place of Business - No P.O. Box #				Mailing Address 80 PASSION FLOWER LANE CRAWFORDVILLE, FL 32327			
Suite, Apt. #, etc.				Suite, Apt. #, etc.			
City & State				City & State			
Zip		Country		Zip		Country	
6. Name and Address of Current Registered Agent HEWITT, THOMAS 80 PASSION FLOWER LANE CRAWFORDVILLE, FL 32327				7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City <div style="display: flex; justify-content: space-between;"> FL Zip Code </div>			
8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.							
SIGNATURE _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>							
FILE NOW!!! FEE IS \$138.75 After January 1, 2009, Fee will be \$277.50			In accordance with s. 607.193(2)(b), F.S., the limited liability company did not receive the prior notice.			Make check payable to Florida Department of State	
9. MANAGING MEMBERS/MANAGERS				10. ADDITIONS/CHANGES			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM HEWITT, THOMAS T 80 PASSION FLOWER LANE CRAWFORDVILLE, FL 32327			TITLE NAME STREET ADDRESS CITY-ST-ZIP	<div style="text-align: center;"> 800138181688 11/21/08--01040--002 **138.75 </div>		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete			TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete			TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete			TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete			TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
11. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am a managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.							
<div style="display: flex; justify-content: space-between;"> <div style="width: 40%;"> SIGNATURE:  </div> <div style="width: 20%; text-align: center;">  </div> <div style="width: 40%; text-align: right;"> Date _____ Daytime Phone # _____ </div> </div>							