

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM

FILED
09 DEC -8 PM 12:51
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

**LIMITED LIABILITY
COMPANY
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # L06000123268

1. Limited Liability Company's Name

Vertical MAC Construction, LLC

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

1122 Woodflower Way

Suite, Apt. #, etc.

3. Mailing Office Address

1122 Woodflower Way

Suite, Apt. #, etc.

City & State

Clermont, FL

Zip

34714

Country

USA

City & State

Clermont, FL

Zip

34714

Country

USA

4. State/Country of Formation

5. Date Organized or Qualified
To Do Business in Florida

12/29/2006

6. FEI Number

☒ 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

Helen Macmaster

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

1122 Woodflower Way

Suite, Apt. #, Etc.

City

Clermont

State

FL

Zip Code

34714

☒ 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

[Signature]

REGISTERED AGENT MUST SIGN

Date 11/30/2009

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
MGRM	Helen C. macmaster	1122 Woodflower Way	Clermont, FL 34714
MGRM	Rodrigo Peñalosa	1122 Woodflower Way	Clermont, FL 34714

REINSTATEMENT

08-09
DB

400163418324
12/09/09--01015--008 **302.50

11. E-mail Address:

(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

[Signature]

Date 11/30/09

Daytime Phone # (407) 832-3572

Typed or printed name of signing Managing Member/Manager