

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**LIMITED LIABILITY
COMPANY
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED

2009 OCT 14 AM 8:49

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # L07000002410

1. Limited Liability Company's Name

Four winds Construction LLC

CR2E041 (10/08)

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

4217 Regency Dr
Suite, Apt. #, etc.

3. Mailing Office Address

4217 Regency Dr
Suite, Apt. #, etc.

City & State

Pace FL

City & State

Pace FL

Zip

32570

Country

US

Zip

32570

Country

US

4. State/Country of Formation

Florida / US

**5. Date Organized or Qualified
To Do Business in Florida**

1-8-07

6. FEI Number

208161094

☐ 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

Jimmie Lee Denham II

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

4217 Regency Dr.

Suite, Apt. #, Etc.

City

Pace

State

FL

Zip Code

32570

☒ 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

REGISTERED AGENT MUST SIGN

Date 10-8-09

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	Jimmie Lee Denham II	4217 Regency Drive.	Pace FL 32570

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10/13/09--01067--005 **282.50

REINSTATEMENT

08-09

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

Date 10/8/09

Daytime Phone # 850 554 1477

Typed or printed name of signing Managing Member/Manager

Jimmie Lee Denham II