

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM

**LIMITED LIABILITY
COMPANY
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # **L07000004860**

1. Limited Liability Company's Name

DEICHMAN CONSTRUCTION LLC

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

687 ALDERMAN RD

Suite, Apt. #, etc.

#125

City & State

PALM HARBOR, FL

Zip

34683

Country

U.S.

3. Mailing Office Address

687 ALDERMAN RD.

Suite, Apt. #, etc.

#125

City & State

PALM HARBOR, FL.

Zip

34683

Country

U.S.

4. State/Country of Formation

PINELLAS / FLORIDA

5. Date Organized or Qualified
To Do Business in Florida

1/16/2007

6. FEI Number

11-3803117

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

GREG DEICHMAN

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

155 CARLYLE DR.

Suite, Apt. #, Etc.

City

PALM HARBOR

State

FL

Zip Code

34683

☐ 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

Greg Deichman

REGISTERED AGENT MUST SIGN

Date

2/10/10

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
S	LINDA DEICHMAN	155 CARLYLE DR.	PALM HARBOR, FL. 34683

500168751195
02/23/10--01012--001 **138.75

REINSTATEMENT 2010

11. E-mail Address: **DRICNST @AOL.COM**

(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

Greg Deichman

Date

2/10/10

Daytime Phone #

(727) 463-7711

Typed or printed name of signing Managing Member/Manager



FLORIDA DEPARTMENT OF STATE
Division of Corporations

February 15, 2010

DEICHMAN CONSTRUCTION LLC
687 ALDERMAN RD #125
PALM HARBOR, FL 34683

SUBJECT: DEICHMAN CONSTRUCTION LLC
Ref. Number: L07000004860

FILED
10 FEB 22 AM 8:09
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

We have received your document for DEICHMAN CONSTRUCTION LLC and your check(s) totaling \$100.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

You can't reinstate a voluntary dissolved company. You can file the Articles of Revocation of Dissolution within 120 days following the effective date or file date of the articles of dissolution. The \$100.00 filing fee sent with the reinstatement form will be applied to the Revocation of dissolution.

The enclosed annual report or reinstatement application and fee(s) must be submitted before the Revocation of Articles of Dissolution can be processed. Please complete and return the enclosed annual report or reinstatement application and the appropriate fee(s) to the PERSONAL AND CONFIDENTIAL ATTENTION of the undersigned.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6043.

Joey Bryan
Regulatory Specialist II

Letter Number: 810A00003785