

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**LIMITED LIABILITY  
COMPANY  
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE  
Secretary of State  
DIVISION OF CORPORATIONS

09 MAY 27 PM 4:45

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

**DOCUMENT #**

1. Limited Liability Company's Name

CONCRETE  
Jennings Consulting and  
Contracting LLC  
L07000011405

100156541391  
05/29/09--01001--010 \*\*565.00

CR2E041 (10/08)

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

1925 NW 84TH Street  
Suite, Apt. #, etc.

3. Mailing Office Address

440 W 34TH Street  
Suite, Apt. #, etc.  
# 7D

City & State

Miami FL

City & State

New York New York

Zip

33417

Country

USA

Zip

10001

Country

USA

4. State/Country of Formation

FL

5. Date Organized or Qualified  
To Do Business in Florida

01/30/2007

6. FEI Number

27-0216911

Applied For

Not Applicable

7. CERTIFICATE OF STATUS DESIRED ☒

\$5.00 Additional Fee required  
for a Certificate of Status

☒ 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.

8. Name and Address of Current Registered Agent

Name

Brenda Jennings

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

1925 NW 84TH Street

Suite, Apt. #, Etc.

City

Miami

State

FL

Zip Code

33417

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

Brenda Jennings

REGISTERED AGENT MUST SIGN

Date 05/26/2009

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
MGR	Brenda Jennings	1925 NW 84TH STREET	MIAMI FL 33417

REINSTATEMENT 2008-2009

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

Brenda Jennings

BREND  
JENNINGS

Date 5/26/09

Daytime Phone #

Typed or printed name of signing Managing Member/Manager

BREND  
JENNINGS