

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

LIMITED LIABILITY
COMPANY
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED

2009 DEC -7 AM 9:50

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

300163289393
12/03/09--01038--005 **277.50

CR2E041 (11/09)

DOCUMENT # L07000021145

1. Limited Liability Company's Name

Stud Construction, LLC

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

1877 Vineland Lane

Suite, Apt. #, etc.

3. Mailing Office Address

1877 Vineland Lane

Suite, Apt. #, etc.

City & State

Tallahassee, FL

City & State

Tallahassee, FL

Zip

32317

Country

Leon

Zip

32317

Country

Leon

4. State/Country of Formation

FL, United States

5. Date Organized or Qualified
To Do Business in Florida

2/26/07

6. FEI Number

27-1375406

☒ 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

Muhammad Mujahid

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

1877 Vineland Lane

Suite, Apt. #, Etc.

City

Tallahassee

State

FL

Zip Code

32317

☒ 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

Muhammad Mujahid

REGISTERED AGENT MUST SIGN

Date 11/25/09

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
MGRM	Rashad Mujahid	1877 Vineland Lane	Tallahassee, FL 32317

REINSTATEMENT-08-09

11. E-mail Address: mutcel3@hotmail.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

Muhammad Mujahid

Date

11/25/09

Daytime Phone #

850-459-4957

Typed or printed name of signing Managing Member/Manager

Muhammad Mujahid