

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM

**LIMITED LIABILITY  
COMPANY  
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE  
Secretary of State  
DIVISION OF CORPORATIONS

**DOCUMENT #** L07000021351

1. Limited Liability Company's Name

Reliable Construction Services LLC

(new name) U.S. Veteran Construction &  
Consulting Group LLC.

400330803484

06/13/19--01019--022 \*\*298.75

400330803484

06/13/19--01019--022 \*\*298.75

CR2E041 (1/14)

2. Principal Office Address - No P.O. Box # 6574 N State Rd 7		3. Mailing Office Address 6574 N State Rd 7	
Suite, Apt. #, etc. STE 172		Suite, Apt. #, etc. STE 172	
City & State Coconut Creek, FL		City & State Coconut Creek, FL	
Zip 33073	Country Broward	Zip 33073	Country Broward

4. State/Country of Formation Florida	
5. Date Organized or Qualified To Do Business in Florida 2/26/07	
6. FEI Number 20-8520380	Applied For <input type="checkbox"/> Not Applicable
7. CERTIFICATE OF STATUS DESIRED <input checked="" type="checkbox"/> \$5.00 Additional Fee required for a certificate of status	

**8. Name and Address of Current Registered Agent**

Name Larry Scott Williamson		
Street Address (P.O. Box Number is Not Acceptable) Suite. 4913 NW 64th Ter		
Apt. #, Etc.		
City Coral Springs	State FL	Zip Code 33067

2019 JUN 15 PM 3:32

9. I, being appointed the registered agent of the above named limited liability company, am familiar with and accept the obligations of Chapter 605, F.S.

Signature of  
Registered Agent

*[Signature]*  
REGISTERED AGENT MUST SIGN

Date 5/22/19

**10. Names and Street Addresses of Authorized Representatives/Managers**

Titles	Name of Authorized Representatives/Managers	Street Address of Each Authorized Representative/Manager	City / State / Zip
AR	Larry S Williamson	4913 NW 64th Ter	Coral Springs, FL 33067

**REINSTATEMENT**

2017-2019

11. E-mail Address: scottwilliamson12@gmail.com

(To be used for future annual report notifications)

12. I certify that I am an authorized representative/ manager or the receiver or trustee empowered to execute this application as provided for in Chapter 605, 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 requirement of section 605.0012, 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. I am aware that false information submitted in a document to the Department of State constitutes a third degree felony as provided for in s. 817.155, F.S.

Signature of authorized representative/member

Date 5/22/19

Daytime Phone # 9542533952

Typed or printed name of signing authorized representative/member

Larry Scott Williamson