

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

LIMITED LIABILITY
COMPANY
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED

10 JAN 11 PM 2:50

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # L07000045788

1. Limited Liability Company's Name

Davis Mechanical LLC

400165752074
01/11/10--01052--016 **416.25

CR2E041 (11/09)

2. Principal Office Address - No P.O. Box # 231 NE 105th St Suite, Apt. #, etc.		3. Mailing Office Address P.O. Box 232 Suite, Apt. #, etc.	
City & State Cross City, FL Zip 32628 Country United States		City & State Cross City, FL Zip 32628 Country United States	

4. State/Country of Formation FL/United States	
5. Date Organized or Qualified To Do Business in Florida August 2006	
6. FEI Number 26-0226141	Applied For Not Applicable
7. CERTIFICATE OF STATUS DESIRED <input type="checkbox"/> \$5.00 Additional Fee required for a Certificate of Status	

8. Name and Address of Current Registered Agent			
Name Clarence Davis			
Street Address (P.O. Box Number is Not Acceptable) 231 NE 105th St			
Suite, Apt. #, Etc.			
City Cross City		State FL	Zip Code 32628

☒ 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
Clarence Davis
REGISTERED AGENT MUST SIGN

Date
12/31/09

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	Clarence Davis	231 NE 105th St	Cross City, FL 32628

11. E-mail Address: davismechanical@bellsouth-net

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 608.408, 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
Clarence Davis
Date
12/31/09
Daytime Phone #
352-222-7957
Typed or printed name of signing Managing Member/Manager
Clarence Davis

N. O. O. O.

IAN 12 2010