

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**LIMITED LIABILITY
COMPANY
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # L07000065143

1. Limited Liability Company's Name

A & D Custom Homes LLC

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

11181 Branan Field Rd.

Suite, Apt. #, etc.

3. Mailing Office Address

11181 Branan Field Rd.

Suite, Apt. #, etc.

City & State

Jacksonville, FL

City & State

Jacksonville, FL

Zip

32222

Country

US

Zip

32222

Country

US

4. State/Country of Formation

Florida

5. Date Organized or Qualified
To Do Business in Florida

2/4/2008

6. FEI Number

26-0394793

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

Darren Keen

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

11181 Branan Field Rd

Suite, Apt. #, Etc.

City

Jacksonville, FL

State

FL

Zip Code

32222

☒ 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

[Signature]

REGISTERED AGENT MUST SIGN

Date 02/02/10

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
MEM	Darren Keen	11181 Branan Field Rd	Jacksonville, FL 32222

REINSTATEMENT

08-2010

11. E-mail Address: darrenkeen@ymail.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

[Signature]

Date 02/02/10

Daytime Phone # 904-759-6711

Typed or printed name of signing Managing Member/Manager

Darren Keen