

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM

LIMITED LIABILITY COMPANY REINSTATEMENT



FLORIDA DEPARTMENT OF STATE Secretary of State DIVISION OF CORPORATIONS

FILED

2016 FEB 18 P 2:35

SECRETARY OF STATE TALLAHASSEE, FLORIDA

DOCUMENT # L07000068929

1. Limited Liability Company's Name

BB CONSTRUCTION LLC

CR2E041 (1/14)

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

3205 N. Pearl Street

Suite, Apt. #, etc.

3. Mailing Office Address

3205 N. Pearl Street

Suite, Apt. #, etc.

4. State/Country of Formation

FL U.S.

5. Date Organized or Qualified To Do Business in Florida

June 29 2007

City & State

Jacksonville FL

City & State

Jacksonville FL

6. FEI Number

26-0425623

Applied For

Not Applicable

Zip

32206

Country

U.S.

Zip

32206

Country

U.S.

7. CERTIFICATE OF STATUS DESIRED

\$5.00 Additional Fee required for a certificate of status

8. Name and Address of Current Registered Agent

Name

DARRYL LUCAS

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

435 CAMERON STREET

Apt. #, Etc.

City

DAYTONA BEACH

State

FL

Zip Code

32114

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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 of Darryl F. Lucas]

REGISTERED AGENT MUST SIGN

Date 2-18-16

10. Names and Street Addresses of Authorized Representatives/Managers

Table with 4 columns: Titles, Name of Authorized Representatives/Managers, Street Address of Each Authorized Representative/Manager, City / State / Zip. The table is currently empty.

11. E-mail Address

darryllucas@yahoo.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

[Signature of Darryl F. Lucas]

Date

2-18-16

Daytime Phone #

386-871-7605

Typed or printed name of signing authorized representative/member

DARRYL F. LUCAS