

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**LIMITED LIABILITY  
COMPANY  
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE  
Secretary of State  
DIVISION OF CORPORATIONS

P.N. 110

14 SEP -9 AM 8:59

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # L07000087014

1. Limited Liability Company's Name

PALMETTO CONSTRUCTION AND CONSULTING, LLC

CR2E041 (1/14)

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

5824 CASABLANCA CT.

Suite, Apt. #, etc.

3. Mailing Office Address

5824 CASABLANCA CT.

Suite, Apt. #, etc.

City & State

FORT MYERS, FL

City & State

FORT MYERS, FL

Zip

33919

Country

US

Zip

33919

Country

US

4. State/Country of Formation

FLORIDA/US

5. Date Organized or Qualified  
To Do Business in Florida

08/24/2007

6. FEI Number

061823701

☐ 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

DAVID A. HOLMES

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

99 NESBIT STREET

Suite, Apt. #, Etc.

City

PUNTA GORDA

State

FL

Zip Code

33950

200264162202  
09/09/14--01011--022 \*\*516.25

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

REGISTERED AGENT MUST SIGN

Date 9/2/2014

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
MGR	DONALD M. BOTTORFF	5824 CASABLANCA CT.	FORT MYERS, FL 33919

REINSTATEMENT

SEP 9 2014

R. HUNT

11. E-mail Address: DHOLMES@FARR.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 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 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 to the Department of State constitutes a third degree felony as provided in s. 817.155, F.S.

Signature of

Authorized Representative/Manager

Date

9/2/2014

Daytime Phone # 941-639-1158

Typed or printed name of signing Authorized Representative/Manager DAVID A. HOLMES, AUTHORIZED REPRESENTATIVE