

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

LIMITED LIABILITY  
COMPANY  
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE  
Secretary of State  
DIVISION OF CORPORATIONS

F.M.L. 500

14 OCT -2 AM 8:26

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # **L07000106982**

1. Limited Liability Company's Name

**Lockwood Construction Co. LLC**

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

**1850 St. Hebron Rd.**

Suite, Apt. #, etc.

3. Mailing Office Address

**1850 St. Hebron Rd.**

Suite, Apt. #, etc.

City & State

**Quincy, Fla.**

Zip

Country

**32352**

**America**

City & State

**Quincy Fla.**

Zip

Country

**32352**

**American**

CR2E041 (1/14)

4. State/Country of Formation

5. Date Organized or Qualified  
To Do Business in Florida

**10-20-07**

6. FEI Number

**33-1186377**

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

**Richard Lockwood**

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

**1850 St. Hebron Rd.**

Suite, Apt. #, Etc.

City

**Quincy**

State

**FL**

Zip Code

**32352**

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

Signature of  
Registered Agent

**Richard Lockwood**

REGISTERED AGENT MUST SIGN

**700264990647**

**10/03/14--01001--011 \*\*243.75**

10. Names and Street Addresses of Authorized Representatives/Managers

Titles

Name of  
Authorized Representatives/  
Managers

Street Address of Each  
Authorized Representative/  
Manager

**mgr**

**Richard Lockwood**

**1850 St. Hebron Rd.**

**10/03/14--01001--011  
Quincy, Fla 32352**

**REINSTATEMENT**

**OCT 02 2014**

**R. HUNT**

11. E-mail Address:

**lockwoodconstruction@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 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

**Richard Lockwood**

Date

**9-29-14**

Daytime Phone #

**407-508-1333**

Typed or printed name of signing Authorized Representative/Manager