

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

LIMITED LIABILITY
COMPANY
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED

10 DEC 27 PM 5:58

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT #

L07000113556

1. Limited Liability Company's Name

Gregg Construction "LLC"

CR2E041 (05/10)

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

1836 Gina Drive

Suite, Apt #, etc.

3. Mailing Office Address

Suite, Apt #, etc.

City & State

Tallahassee FL

City & State

Zip

32303

Country

U.S.

Zip

Country

4. State/Country of Formation

5. Date Organized or Qualified
To Do Business in Florida

11-7-2007

6. FEI Number

83-0498375

☐ 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

William L. Gregg

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

1836 Gina Drive

Suite, Apt #, Etc.

City

Tallahassee

State

FL

Zip Code

32303

600189019956
12/27/10--01024--024 **500.00

600189019956
12/27/10--01024--025 **16.25

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

REGISTERED AGENT MUST SIGN

Date _____

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
MGR	William Gregg	1836 Gina Dr Tallahassee FL 32303	

REINSTATEMENT -08-10

11. E-mail Address: _____

(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

Date _____

Daytime Phone # _____

Typed or printed name of signing Managing Member/Manager