

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM

**LIMITED LIABILITY
COMPANY
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

14 AUG 27 PM 2:33

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT #

1. Limited Liability Company's Name *Gregg Construction L.L.C.*
L07000113556

CR2E041 (1/14)

2. Principal Office Address - No P.O. Box # <i>5434 Water Valley Ct.</i>		3. Mailing Office Address <i>5434 Water Valley Ct.</i>	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State <i>Tallahassee FL.</i>		City & State <i>Tallahassee FL.</i>	
Zip <i>32303</i>	Country <i>us</i>	Zip <i>32303</i>	Country <i>us</i>

4. State/Country of Formation

5. Date Organized or Qualified
To Do Business in Florida

6. FEI Number

☐ 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 <i>William Gregg</i>		
Street Address (P.O. Box Number is Not Acceptable) <i>5434 Water Valley Ct.</i>		
Suite, Apt. #, Etc.		
City <i>Tallahassee</i>	State FL	Zip Code <i>32303</i>

700263792337
*08/27/14--01006--024 **500.00*

700263792337
*08/27/14--01006--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 605, F.S.

Signature of
Registered Agent

REGISTERED AGENT MUST SIGN

Date *8/27/14*

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
<i>MGR</i>	<i>William Gregg</i>	<i>5434 Water Valley Ct</i>	<i>Tallahassee FL, 32303</i>

REINSTATEMENT

RLH

AUG 27 2014

R. HUNT

11. E-mail Address: *Logan Gregg 83 @ Gmail .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

8/27/14

Daytime Phone #

(850) 933-0752

Typed or printed name of signing Authorized Representative/Manager

William Gregg