

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

LIMITED LIABILITY
COMPANY
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED

12 APR 10 PM 3:36

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

CR2E041 (1/11)

11-12

DOCUMENT #

L08000018913

1. Limited Liability Company's Name

Construction Management Services, LLC

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

11578 Alexis Forest Dr

Suite, Apt. #, etc.

3. Mailing Office Address

11578 Alexis Forest Dr

Suite, Apt. #, etc.

City & State

Jacksonville, FL

City & State

Same

Zip

32258

Country

USA

Zip

Same

Country

Same

4. State/Country of Formation

FL United States

5. Date Organized or Qualified
To Do Business in Florida

2/21/2008

6. FEI Number

262018236

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

Jody M. Ammons

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

11578 Alexis Forest Dr

Suite, Apt. #, Etc.

City

Jacksonville

State

FL

Zip Code

32258

E-mail Address:

700225955357

03/23/12--01015--017 **243.75

JAmmons477@gmail.com

(To be used for future annual report notices)

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

Jody Ammons

REGISTERED AGENT MUST SIGN

Date 3/20/2012

10. Names and Street Addresses of Managing Members/Managers

REINSTATEMENT

Titles	Name of Managing Members/Managers	Street Address of Each Managing Member/Manager	City / State / Zip
Pres	Jody M. Ammons	11578 Alexis Forest Dr	Jacksonville, FL 32258
VP	Pam M. Ammons	11578 Alexis Forest Dr	Jacksonville, FL 32258

11. 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. 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 Managing
Member/Manager

Jody M. Ammons

Date

3/20/12

Daytime Phone #

904-322-3014

Typed or printed name of signing Managing Member/Manager

Jody M. Ammons

B. BOSTICK

APR 11 2012

EXAMINER