PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

LIMITED LIABILITY COMPANY REINSTATEMENT

FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED

2010 MAR 23 PM 2:47

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

800169676248
02/18/10--01044--007 **238.75

CR2E041 (11/09)

DOCUMENT # ~~0212557 43~~ L08-31922

1. Limited Liability Company's Name
BUSY G's CONSTRUCTION LLC.

2. Principal Office Address - No P.O. Box #		3. Mailing Office Address	
9750 140th STREET		P.O. BOX 512	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State: LIVE OAK, FLORIDA		City & State: LIVE OAK, FLORIDA	
Zip: 32060	Country: Suwannee	Zip: 32064	Country: SUWANNEE

4. State/Country of Formation: LIVE OAK
5. Date Organized or Qualified To Do Business in Florida: 06/11/08
6. FEI Number: 262290428 ☐ 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: CARLTON GASKINS
Street Address (P.O. Box Number is Not Acceptable): 9750 140th STREET
Suite, Apt. #, Etc.
City: LIVE OAK State: FL Zip Code: 32060

☒ A $100 reinstatement fee is imposed, except in circumstances which the entity did not receive the prior notices. By checking this box, you are certifying the prior notices were not received and requesting the $100 reinstatement be waived.

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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: Carlton Gaskins Date: 02/16/2010
REGISTERED AGENT MUST SIGN

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 MBR	CARLTON GASKINS	9750 140th STREET	LIVE OAK, FLORIDA 32060
MGR	MARY A. GASKINS	9750 140th STREET	LIVE OAK, Florida 32060

REINSTATEMENT 09/10 AL

11. E-mail Address: Busygsconst@aol.com (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: Carlton Gaskins Date: 02/16/2010 Daytime Phone #: (386) 249 0588

Typed or printed name of signing Managing Member/Manager ______