

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

LIMITED LIABILITY
COMPANY
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED

10 AUG 16 AM 11:02

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # L08000059317

1. Limited Liability Company's Name

Steve Howson Construction LLC

CR2E041 (05/10)

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

3743 Donovan Dr

Suite, Apt. #, etc

D

City & State

Tallahassee, FL

Zip

32309

Country

USA

3. Mailing Office Address

Suite, Apt. #, etc

SAME

City & State

Tallahassee, FL

Zip

32309

Country

USA

4. State/Country of Formation

FL

US

5. Date Organized or Qualified
To Do Business in Florida

6-17-08

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

Stephen L. Howson

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

3743 Donovan Dr

Suite, Apt. #, Etc.

D

City

Tallahassee

State

FL

Zip Code

32309

900184368589

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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

Stephen L. Howson

REGISTERED AGENT MUST SIGN

Date

8/16/10

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	Stephen L. Howson	3743 Donovan Dr D	Tallahassee, FL 32309

JB

2009-10

REINSTATEMENT

11. E-mail Address: Steve Howson Construction@yahoo.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

Stephen L. Howson

Date

8/16/10

Daytime Phone # 850-339-4095

Typed or printed name of signing Managing Member/Manager