


PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

FILED

2011 JUN -3 AM 8:59

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

CR2E041 (1/11)

| | | |
|--|---|--|
| LIMITED LIABILITY COMPANY REINSTATEMENT |  | FLORIDA DEPARTMENT OF STATE Secretary of State DIVISION OF CORPORATIONS |
|--|---|--|

DOCUMENT # LD8000062913

1. Limited Liability Company's Name

J. Garone General Contractor, LLC

| | |
|--|--|
| 2. Principal Office Address - No P.O. Box # 1076 Morningside Drive | 3. Mailing Office Address 1076 Morningside Drive |
|--|--|

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

Vero Beach, FL

City & State

Vero Beach, FL

Zip
32963

Country
USA

Zip
32963

Country
USA

4. State/Country of Formation
Florida

5. Date Organized or Qualified
To Do Business in Florida **6/24/2008**

6. FEI Number
262904269

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
Garone, Joseph MGR.

Street Address (P.O. Box Number is Not Acceptable)
1076 Morningside Drive

Suite, Apt. #, Etc.

City
Vero Beach, FL

State
FL

Zip Code
32963

E-mail Address:

500207950715
05/20/11--01045--003 **243.75

jomoyer@bellsouth.net
(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



REGISTERED AGENT MUST SIGN

Date **5-17-2011**

10. Names and Street Addresses of Managing Members/Managers

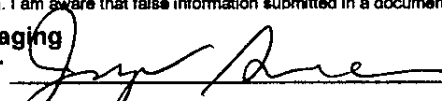
| Titles | Name of Managing Members/Managers | Street Address of Each Managing Member/Manager | City / State / Zip |
|--------|--------------------------------------|---|----------------------|
| MGR | Joseph Garone | 1076 Morningside Drive | Vero Beach, FL 32963 |
| | | | |
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REINSTATEMENT

500207950715
06/03/11--01004--017 **133.75

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



Date **5/17/2011**

Daytime Phone # **772-563-3359**

Typed or printed name of signing Managing Member/Manager