

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

FILED

10 FEB 16 PM 12:48

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

000169054810
02/16/10--01030--010 **278.00

CR2E041 (11/09)

**LIMITED LIABILITY
COMPANY
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # L08000064396

1. Limited Liability Company's Name

Clemon's + Son's Construction LLC

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

1038 Birmingham St

Suite, Apt. #, etc.

3. Mailing Office Address

1038 Birmingham St

Suite, Apt. #, etc.

City & State

Tallahassee FL

City & State

Tallahassee FL

Zip

32304

Country

US

Zip

32304

Country

US

4. State/Country of Formation

FL / US

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

ALFONZA L. DUPREE

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

1038 BIRMINGHAM ST

Suite, Apt. #, Etc.

City

Tallahassee

State

FL

Zip Code

32304

☒ 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.

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

X Alfonza L. Dupree

REGISTERED AGENT MUST SIGN

Date 2/16/10

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
mgm	AL Dupree	1038 Birmingham St	Tallahassee FL 32304

REINSTATEMENT 09-10

DB

11. E-mail Address: +bodisonbaker@FSU.edu

(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

X Alfonza L. Dupree

Date 2/16/10

Daytime Phone # _____

Typed or printed name of signing Managing Member/Manager