

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**LIMITED LIABILITY  
COMPANY  
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE  
Secretary of State  
DIVISION OF CORPORATIONS

**FILED**

09 DEC 30 PM 1:27

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # L08000078931

1. Limited Liability Company's Name

Droque Construction LLC.

200164063972  
12/30/09--01037--008 \*\*138.75

CR2E041 (11/09)

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

1004 6th Ln. N.

Suite, Apt. #, etc.

3. Mailing Office Address

Same

Suite, Apt. #, etc.

City & State

Naples Florida

City & State

"

Zip

34102

Country

USA

Zip

Country

4. State/Country of Formation

Florida, U.S.A.

5. Date Organized or Qualified  
To Do Business in Florida

08/18/2008

6. FEI Number

26-3198332

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

Kenneth P. Droque

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

1004 6th Ln. N.

Suite, Apt. #, Etc.

City

Naples

State

FL

Zip Code

34102

☒ 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

REGISTERED AGENT MUST SIGN

Date 12-28-09

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
mgem	Kenneth Droque	1004 6th Lane North	Naples, FL 34102
mgem	Vince Cordero	27626 Roslin Dr	Bonita Springs, FL 34135

**REINSTATEMENT** 2009

JB

11. E-mail Address:

(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

Date 12-28-09 Daytime Phone # 239-825-2218

Typed or printed name of signing Managing Member/Manager