

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**LIMITED LIABILITY  
COMPANY  
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE  
Secretary of State  
DIVISION OF CORPORATIONS

**FILED**

**10 SEP -8 AM 10:49**

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # L08000092944

1. Limited Liability Company's Name

B + P Contracting LLC.

900185169319  
09/08/10--01029--005 \*\*125.00

CR2E041 (05/10)

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

1915 Amherst Ave

Suite, Apt. #, etc.

3. Mailing Office Address

Suite, Apt. #, etc.

City & State

Deltona, FL

City & State

Zip

32738

Country

USA

Zip

Country

4. State/Country of Formation

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 Michael Pomeroy

Street Address (P.O. Box Number is Not Acceptable)  
1915 Amherst AVE

Suite, Apt. #, Etc.

City Deltona

State  
**FL**

Zip Code  
32738

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

Michael Pomeroy  
REGISTERED AGENT MUST SIGN

Date 9-2-10

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
mgem	Michael Pomeroy	1915 Amherst AVE	Deltona, FL, 32738
mgem	John Tinnelly	1364 Foxforest Circle	Apopka, FL, 32712
mgem	Joseph Carraturo	1915 Amherst AVE	Deltona, FL, 32738

**REINSTATEMENT 2010 JB**

11. E-mail Address: m.pomeroy47@gmail.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

Michael Pomeroy

Date 9-2-10

Daytime Phone # 407-432-1297

Typed or printed name of signing Managing Member/Manager