

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**LIMITED LIABILITY
COMPANY
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED
10 OCT 26 AM 11:10
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # LO8000100127

1. Limited Liability Company's Name

Ira West construction LLC

5910 Boston Hwy

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

5910 Boston Hwy

Suite, Apt. #, etc.

3. Mailing Office Address

5910 Boston Hwy

Suite, Apt. #, etc.

City & State

Monticello FL

City & State

Monticello FL

Zip

Country

32344 Jefferson

Zip

Country

32344 Jefferson

4. State/Country of Formation

Jefferson

5. Date Organized or Qualified
To Do Business in Florida

10/24/08

6. FEI Number

943448866

☐ 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

Ira West Sr

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

5910 Boston Hwy

Suite, Apt. #, Etc.

City

Monticello

State

FL

Zip Code

32344

100187089991
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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

Ira West Sr

REGISTERED AGENT MUST SIGN

Date 10/26/10

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
MGRM	Ira R West Sr	5910 Boston Hwy	Monticello FL
MGRM	Ira R West Jr	534 Rudd Rd	Monticello FL

REINSTATEMENT

2009-10

EXAMINER
10/26-6-2010
S. HAWKES

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

Ira West Sr

Date 10/26/10

Daytime Phone # 850 528 3284

Typed or printed name of signing Managing Member/Manager