

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**LIMITED LIABILITY
COMPANY
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

11 MAR -8 AM 10:30

DOCUMENT #

LC90000443977

1. Limited Liability Company's Name

ALPHA AND Omega Contractors of NW.FI.LLC

800193058558
02/01/11--01023--008 **238.75

CR2E041 (1/11)

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

121 E. Shipwreck RD

Suite, Apt. #, etc.

3. Mailing Office Address

P.O. Box 9176

Suite, Apt. #, etc.

City & State

Santa Rose Beach FL

City & State

MILAMAL Beach

Zip

32459

Country

USA

Zip

32550

Country

USA

4. State/Country of Formation

Florida

5. Date Organized or Qualified To Do Business in Florida

May 10, 2009

6. FEI Number

30-055 2777

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

JOANNE A SASSANO

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

121 E. Shipwreck RD

Suite, Apt. #, Etc.

City

Santa Rose Beach

State

FL

Zip Code

32459

E-mail Address:

900197109709
03/08/11--01002--020 **138.75

CADDY4R2S@aol.com
(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

[Signature]

REGISTERED AGENT MUST SIGN

Date JAN 10, 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	HELENE NICOLE URIBINA	121 E. Shipwreck RD	Santa Rose Beach 32459
MGR	RONALD SASSANO	121 E. Shipwreck RD	Santa Rose Beach 32459
MGR	JOANNE A SASSANO	121 E. Shipwreck RD	Santa Rose Beach 32459

REINSTATEMENT 10, 11

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

[Signature]

Date

4/10/11

Daytime Phone #

904-424-5378

Typed or printed name of signing Managing Member/Manager