

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**LIMITED LIABILITY
COMPANY
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED

14 MAR 18 AM 9:00

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT #

1. Limited Liability Company's Name

DOC# L09000055201

AGERTON CONSTRUCTION, LLC.

CR2E041 (1/14)

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

17350 US. HWY 331 S.

Suite, Apt. #, etc.

3. Mailing Office Address

Suite, Apt. #, etc.

City & State

FREEPORT, FL

Zip

32439

Country

Zip

Country

4. State/Country of Formation

FLORIDA

5. Date Organized or Qualified
To Do Business in Florida

06/05/2006

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

JEFF MAPLES

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

112 SPARKLEBERRY LN

Suite, Apt. #, Etc.

City

FREEPORT,

State

FL

Zip Code

32439

600257962486
03/18/14--01013--008 **798.95

9. I, being appointed the registered agent of the above named limited liability company, am familiar with and accept the obligations of Chapter 605, F.S.

Signature of
Registered Agent

Jeff Maples
REGISTERED AGENT MUST SIGN

Date 2/24/14

10. Names and Street Addresses of Authorized Representatives/Managers

Titles	Name of Authorized Representatives/ Managers	Street Address of Each Authorized Representative/ Manager	City / State / Zip
AR	ROBERT M. AGERTON	17350 US HWY 331 S.	FREEPORT

REINSTATEMENT

NAR 18 2014

R. HUNT

11. E-mail Address: robert@agertonconstruction.com

(To be used for future annual report notifications)

12. I certify that I am an authorized representative/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 605.0012, 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 to the Department of State constitutes a third degree felony as provided in s. 817.155, F.S.

Signature of

Authorized Representative/Manager

Date 2/24/2014

Daytime Phone # 850-835-5237

Typed or printed name of signing Authorized Representative/Manager ROBERT M. AGERTON