

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

LIMITED LIABILITY
COMPANY
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED

11 NOV 18 PM 3:47

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # LD9000096844

1. Limited Liability Company's Name Weatherbee Construction Development, LLC

CR2E041 (11/10)

2. Principal Office Address - No P.O. Box # <u>1950 Lee Road Suite 100A</u>		3. Mailing Office Address <u>1950 Lee Road</u>	
Suite, Apt. #, etc. <u>100A</u>		Suite, Apt. #, etc. <u>100A</u>	
City & State <u>Winter Park FL</u>		City & State <u>Winter Park FL</u>	
Zip <u>32789</u>	Country <u>Orange</u>	Zip <u>32789</u>	Country <u>Orange</u>

4. State/Country of Formation	
5. Date Organized or Qualified To Do Business in Florida	
6. FEI Number <u>32-0291786</u>	<input type="checkbox"/> Applied For <input type="checkbox"/> Not Applicable
7. CERTIFICATE OF STATUS DESIRED <input type="checkbox"/> \$5.00 Additional Fee required for a Certificate of Status	

8. Name and Address of Current Registered Agent			
Name <u>1950 Lee Road Roosevelt Norton Jr</u>			
Street Address (P.O. Box Number is Not Acceptable)			
Suite, Apt. #, Etc. <u>100A</u>			
City <u>Winter Park</u>	State <u>FL</u>	Zip Code <u>32789</u>	

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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 Rh. Norton Date 11-18-2011
REGISTERED AGENT MUST SIGN

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
MBRM	Roosevelt Norton Jr	1950 Lee Road Suite 100A	Winter Park FL 32789
MBRM	Melody Green	1950 Lee Road Suite 100A	Winter Park FL 32789

REINSTATEMENT - 2010 + 2011

11. E-mail Address weatherbeeinc@yahoo.com

(To be used for future annual report notifications)

12. I certify that I am a 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 Rh. Norton Date 11-18-2011 Daytime Phone # 321-432-8899

Typed or printed name of signing Managing Member/Manager

CS