

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

LIMITED LIABILITY
COMPANY
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED

12 JAN -9 PM 3:34

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # L10000110925

1. Limited Liability Company's Name

Pi Ranha Construction LLC

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

49 Honor Dr.

Suite, Apt. #, etc.

3. Mailing Office Address

P.O. Box 1073

Suite, Apt. #, etc.

City & State

Crawfordville FL

City & State

Crawfordville FL

Zip

32327

Country

US

Zip

32327

Country

US

CR2E041 (11/10)

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

Don Allen Lloyd

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

49 Honor Dr.

Suite, Apt. #, Etc.

City

Crawfordville

State

FL

Zip Code

32327

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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

[Signature]
REGISTERED AGENT MUST SIGN

Date 01-09-12

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	Don Allen Lloyd	49 Honor Dr. Crawfordville FL 32327	
Mgrm	Adrian Bks	41 Marsue Dr.	Crawfordville FL 32327
			JB

REINSTATEMENT 2011-12

11. E-mail Address:

(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 § 817.155, F.S.

Signature of

Managing Member/Manager

[Signature]

Date 01-09-12

Daytime Phone # 850 745 1590

Typed or printed name of signing Managing Member/Manager