

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**LIMITED LIABILITY
COMPANY
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED

2012 OCT 19 AM 8:37

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

CR2E041 (1/11)

DOCUMENT # L11000087288

1. Limited Liability Company's Name

MATLOCK CONSTRUCTION, LLC

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

5061 Palm Avenue

Suite, Apt. #, etc.

3. Mailing Office Address

Same

Suite, Apt. #, etc.

City & State

Cocoa

City & State

Zip

32926

Country

Brevard

Zip

Country

4. State/Country of Formation

Brevard

5. Date Organized or Qualified
To Do Business in Florida

07/29/2011

6. FEI Number

45-2897103

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

MICHAEL J. MATLOCK, MBR

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

5061 Palm Avenue

Suite, Apt. #, Etc.

City

Cocoa

State

FL

Zip Code

32926

E-mail Address:

500241008075
10/19/12--01031--005 **238.75

m.matlock40@yahoo.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

Mike Matlock

Date **10/17/12**

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
MBR	Michael J. Matlock	5061 Palm Avenue	Cocoa, FL 32926
MBR	Elisa A. Gonzalez	5061 Palm Avenue	Cocoa, FL 32926

REINSTATEMENT
2012

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

Mike Matlock

Date

10/17/12

Daytime Phone #

321-505-1127

Typed or printed name of signing Managing Member/Manager **Michael J. Matlock**

J. SAULSBERRY
EXAMINER

OCT 24 2012