

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

LIMITED LIABILITY  
COMPANY  
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE  
Secretary of State  
DIVISION OF CORPORATIONS

FILED

14 OCT 31 PM 1:38

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT #

1. Limited Liability Company's Name

L12000142811

J. YOUNG CONCRETE CONSTRUCTION LLC

CR2E041 (1/14)

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

333 BARKER STREET

Suite, Apt. #, etc.

3. Mailing Office Address

333 BARKER STREET

Suite, Apt. #, etc.

4. State/Country of Formation  
FL

5. Date Organized or Qualified  
To Do Business in Florida 11/13/2012

6. FEI Number  
46-1366149

Applied For  
Not Applicable

7. CERTIFICATE OF STATUS DESIRED ☐ \$5.00 Additional Fee required  
for a Certificate of Status

City & State  
PENSACOLA, FL

Zip 32514

Country  
USA

City & State  
PENSACOLA, FL

Zip 32514

Country  
USA

8. Name and Address of Current Registered Agent

Name

JACK YOUNG

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

Suite, Apt. #, Etc.

City  
PENSACOLA

State  
FL

Zip Code  
32514

600266055476  
10/31/14--01027--019 \*\*377.10

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

*Jack Young*

REGISTERED AGENT MUST SIGN

Date 10/28/14

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
MGR	JACK C YOUNG	333 BARKER STREET	PENSACOLA FL 32514

REINSTATEMENT

2013 - 2014

11. E-mail Address: N/A

(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. 817.165, F.S.

Signature of

Authorized Representative/Manager

*Jack Young*

Date 10/28/2014

Daytime Phone # 850-477-9526

Typed or printed name of signing Authorized Representative/Manager JACK C YOUNG

OCT 31 2014

M. WILLIAMS