

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM

**LIMITED LIABILITY  
COMPANY  
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE  
Secretary of State  
DIVISION OF CORPORATIONS

**FILED**

2019 SEP 26 AM 8:52

DIVISION OF CORPORATIONS  
TALLAHASSEE, FLORIDA

500335075865  
09/26/19--01032--023 \*\*243.75

CR2E041 (1/14)

DOCUMENT # L13000016029

1. Limited Liability Company's Name  
Net Zero Construction LLC

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

8128 Blaikie Ct.

Suite, Apt. #, etc.

City & State

Sarasota, Florida

Zip  
34240

Country  
US

3. Mailing Office Address

8128 Blaikie Ct.

Suite, Apt. #, etc.

City & State

Sarasota, Florida

Zip  
34240

Country  
US

4. State/Country of Formation

Florida/US

5. Date Organized or Qualified  
To Do Business in Florida

01/31/2013

6. FEI Number  
46-1915829

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

John W Wolterman

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

8128 Blaikie Ct.

Apt. #, Etc.

City

Sarasota

State  
FL

Zip Code  
34240

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

REGISTERED AGENT MUST SIGN

Date 09/16/2019

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
Member	John W Wolterman	8028 Blaikie Ct.	Sarasota, Florida 34240

11. E-mail Address: john@netzerohomes.build

(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 605, 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 requirement 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 in a document to the Department of State constitutes a third degree felony as provided for in s. 817.155, F.S.

Signature of authorized representative/member

Date

09/16/2019

Daytime Phone #

941-685-8478

Typed or printed name of signing authorized representative/member