PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

LIMITED LIABILITY COMPANY REINSTATEMENT

FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED
16 FEB 10 AM 10:42
SECRETARY OF STATE
TALLAHASSEE FLORIDA

DOCUMENT # L13000050798

CR2E041 (1/14)

1. Limited Liability Company's Name

BRUCE AND SONS 'LLC'

2. Principal Office Address - No P.O. Box #	3. Mailing Office Address
615 SANLANTA CIR	615 SANLANTA CIR
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: SANFORD FL	City & State: SANFORD FL
Zip: 32771 Country: SEMINOLE	Zip: 32771 Country:

4. State/Country of Formation: FL-SEMINOLE

5. Date Organized or Qualified To Do Business in Florida: 4-8-2013

6. FEI Number: 59-3519426 ☐ 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: BRUCE W. CARTER SR.
Street Address (P.O. Box Numbers Not Acceptable): 615 SANLANTA CIR
Suite, Apt. #, Etc.:
City: SANFORD State: FL Zip Code: 32771

No mail for CRA

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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 605, F.S.

Signature of Registered Agent: Bruce W. Carter Sr. Date: 2-4-2015
REGISTERED AGENT MUST SIGN

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	BRANDON CARTER	615 SANLANTA CIR	SANFORD FL 32771
	REINSTATEMENT 2014-2016		S. HAWKES
			FEB 10 A.M.
			EXAMINER

11. E-mail Address: bruceandsons56@yahoo.com
(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. 817.155, F.S.

Signature of Authorized Representative/Manager: Date: 2-4-2015 Daytime Phone #: 407-321-4649