

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM

**LIMITED LIABILITY
COMPANY
REINSTATEMENT
2015-2016**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED

16 APR 26 AM 8:50

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # L15000010381

1. Limited Liability Company's Name
All Phase Construction and Development, L.L.C

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

3030 N Rocky Point Dr.

Suite, Apt. #, etc.

Suite 333

City & State

Tampa, Florida

Zip

33602

Country

USA

3. Mailing Office Address

Suite, Apt. #, etc.

City & State

Zip

Country

CR2E041 (1/14)

4. State/Country of Formation

Florida

5. Date Organized or Qualified
To Do Business in Florida

11.20.2014

6. FEI Number

47-3481222

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

Pamela J Hancock

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

3501 Bessie Coleman Blvd

Apt. #, Etc.

Suite 21302

City

Tampa

State

FL

Zip Code

33622

100285068471
04/27/16--01002--003 **138.75

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04/27/16--01002--003 **138.75

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

Pamela Hancock

REGISTERED AGENT MUST SIGN

Date 4.22.2016

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
MGRM	Pamela J Hancock	3501 Bessie Coleman Blvd Ste 21302	Tampa, Florida 33622
AMBR	David Robey	3030 N Rocky Point Dr. Ste 333	Tampa, Florida 33602

11. E-mail Address: dave@allphaseconstr.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 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

Pamela Hancock

Date 04.22.2016

Daytime Phone #

813.251.2951

Typed or printed name of signing authorized representative/member

Pamela J Hancock

(See PW Note)