

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

LIMITED LIABILITY
COMPANY
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

17 JUN 27 PM 3 02

DOCUMENT # L15 000094906

1. Limited Liability Company's Name

Structure Systems of Florida LLC.

700300823777
06/27/17--01009--016 **377.50

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

1036 Summerbrooke DR

Suite, Apt. #, etc.

N/A

City & State

Tallahassee, FL

Zip

32312

Country

USA

3. Mailing Office Address

1036 Summerbrooke DR

Suite, Apt. #, etc.

N/A

City & State

Tallahassee, FL

Zip

32312

Country

USA

4. State/Country of Formation

5. Date Organized or Qualified
To Do Business in Florida

6. FEI Number

☐ 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

Bradley E Vause

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

1036 Summerbrooke DR

Suite, Apt. #, Etc.

N/A

City

Tallahassee

State

FL

Zip Code

32312

Brad.Vause@gmail.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 605, F.S.

Signature of
Registered Agent

Date 6/27/2017

REGISTERED AGENT MUST SIGN

10. Names and Addresses of Each Person Authorized to manage the Limited Liability Company

Titles AMBR/MGR	Name of Authorized Person	Street Address of Each Authorized Person	City / State / Zip
MGR	Lauralce Vause	1036 Summerbrooke DR	Tallahassee, FL 32312

11. I certify that I am an authorized person 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 requirements of Chapter 605, 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 Person

Date 6/27/2017

Daytime Phone #

850-528-3438

Typed or printed name of signing Authorized Person

K ASHTON