PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

LIMITED LIABILITY COMPANY REINSTATEMENT

FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED
2018 FEB 26 PM 2:27
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # L15000111505

1. Limited Liability Company's Name
Calderon Construction, LLC.

CR2E041 (12/13)

2. Principal Office Address - No P.O. Box #
2748 Late Autum Ct.

Suite, Apt. #, etc

City & State
Tallahassee, FL

Zip Code
32309

Country
Leon

3. Mailing Office Address

Suite, Apt. #, etc.

City & State

Zip

Country

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

Name and Address of Current Registered Agent

Name: Jessica Calderon

Street Address (P.O. Box Number is Not Acceptable)
2748 Late Autum Ct

Suite, Apt. #, Etc.

City: Tallahassee, ~~FL~~

State: FL

Zip Code: 32309 ~~1501~~

E-mail Address:
800309756458
02/26/18--01015--010 **516.25

Jacquelynnsita@yahoo.com
(To be used for future annual report notices)

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: Jessica Calderon Date: 2-26-18
REGISTERED AGENT MUST SIGN

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

MGR	Name of Authorized Person	Street Address of Each Authorized Person	City / State / Zip
MGR	Jessica Calderon	257 Jacksontown Rd	Bainbridge, GA 39819
MGR	Antelmo Calderon	257 Jacksontown Rd.	Bainbridge GA 39819
	REINSTATEMENT		FEB 26 2018
		RH	R. HUNT

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 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: Jessica Calderon Date: 2-26-18 Daytime Phone #: 229-567-7150

Typed or printed name of signing Authorized Person