

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM

FILED

LIMITED LIABILITY COMPANY REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

16 DEC 29 PM 12:08

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # L15000175883

1. Limited Liability Company's Name

Paul Rushing Construction, LLC

900293727879
12/29/16--01005--022 **238.75

CR2E041 (12/13)

2. Principal Office Address - No P.O. Box # 55 Sidney Ave		3. Mailing Office Address Po Box 1322	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State DeFuniak Springs FL		City & State DeFuniak Springs FL	
Zip 32433	Country US	Zip 32435	Country US

4. State/Country of Formation

5. Date Organized or Qualified To Do Business in Florida

6. FEI Number Applied For Not Applicable
36-4846641

7. CERTIFICATE OF STATUS DESIRED \$5.00 Additional Fee required for a Certificate of Status

8. Name and Address of Current Registered Agent

Name: Thomas H Birka

Street Address (P.O. Box Number is Not Acceptable): 1597 Hwy 83 N

Suite, Apt. #, Etc.

City: DeFuniak Springs State: FL Zip Code: 32433

E-mail Address:
Thomasbirka@yahoo.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: Paul Rushing Date: 12/29/16

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
AMBR	Thomas H. Birka	1597 Hwy 83 N.	DeFuniak Springs FL 32433
MGR	Paul W. Rushing	1597 Hwy 83 N.	DeFuniak Springs FL 32433

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: Paul Rushing Date: 12/29/16 Daytime Phone #: 850 401 1537

Typed or printed name of signing Authorized Person: _____