

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

Suite, Apt. #, etc.

3. Mailing Office Address

Po Box 1322

Suite, Apt. #, etc.

City & State

DeFuniak Springs FL

Zip

32433

Country

US

City & State

DeFuniak Springs FL

Zip

32435

Country

US

4. State/Country of Formation

5. Date Organized or Qualified
To Do Business in Florida

6. FEI Number

36-4846641

☐ 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 **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 **32432**

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

K. ASHTON