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 12 AM 11:09
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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TALLAHASSEE, FLORIDA

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DOCUMENT # L16000016743

1. Limited Liability Company's Name

Barwicks Construction LLC

2. Principal Office Address - No P.O. Box #	3. Mailing Office Address	4. State/Country of Formation
132 Dickson Bay Panacea FL 32346	PO Box 492 Panacea FL 32346	
Suite, Apt. #, etc.	Suite, Apt. #, etc.	5. Date Organized or Qualified To Do Business in Florida
City & State: Panacea FL	City & State: Panacea FL	6. FEI Number ☐ Applied For ☐ Not Applicable
Zip: 32346 Country: US	Zip: 32346 Country: US	7. CERTIFICATE OF STATUS DESIRED ☐ $5.00 Additional Fee required for a Certificate of Status

8. Name and Address of Current Registered Agent

Name: Robert Barwick

Street Address (P.O. Box Number is Not Acceptable): 132 Dickson Bay

Suite, Apt. #, Etc:

City: Panacea State: FL Zip Code: 32346

E-mail Address:

Barwicks Const. 1988 @G-mail)

(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 2-12-18

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	Robert Barwick	132 Dickson Bay	Panacea FL 32346

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 2-12-18 Daytime Phone # 841-9139

Typed or printed name of signing Authorized Person

TLM 2-12-18