PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETINGTHIS FORM

FILED

2024 MAR -1 PM 12: 13

SECRETARY OF STATE TALLAHASSEE, FL

LIMITED LIABILITY COMPANY REINSTATEMENT

FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

200420396892
04/02/24--01030--025 **600.00

CR2E041 (1/14)

DOCUMENT # L19000155142

1. Limited Liability Company's Name
R C UNDERGROUND CONSTRUCTION LLC

2. Principal Office Address - No P.O. Box #
401 N 72nd Way

Suite, Apt. #, etc.

City & State
HOLLYWOOD, FL

Zip: 33024
Country: USA

3. Mailing Office Address

Suite, Apt. #, etc.

City & State

Zip
Country

4. State/Country of Formation
FL / USA

5. Date Organized or Qualified To Do Business in Florida: 06/12/2019

6. FEI Number
84-2261597
☐ 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
RELDYS A CASAS

Street Address (P.O. Box Number is Not Acceptable) Suite,
401 N 72nd Way

Apt. #, Etc.

City: HOLLYWOOD
State: FL
Zip Code: 33024

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 02/06/2024

REGISTERED AGENT MUST SIGN

10. Names and Street Addresses of Authorized Representatives/Managers

Titles	Name of Authorized Representatives/ Managers	Street Address of Each Authorized Representative/ Manager	City / State / Zip
AMBR	RELDYS A CASAS	401 N 72nd Way	HOLLYWOOD, FL 33024
MGR	NATHALIA VARGAS MORALES	401 N 72nd Way	HOLLYWOOD, FL 33024
		21-24	
			APR 12 2024
			D CUSHING

11. E-mail Address: ____________________
(To be used for future annual report notifications)

12. I certify that I am an authorized representative/ manager or the receiver or trustee 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 requirement of section 605.0012, 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 representative/member ____________________ Date 02/06/2024 Daytime Phone # 4633332631