PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETINGTHIS FORM

LIMITED LIABILITY COMPANY REINSTATEMENT

FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

400422507424
01/23/24--01018--005 **238.75

DOCUMENT # L23000023209

1. Limited Liability Company's Name
Shelton Roofing and Construction LLC

CR2E041 (1/14)

2. Principal Office Address - No P.O. Box #	3. Mailing Office Address
194 Farm Rd	194 Farm Rd
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: Saint George, GA	City & State: Saint George, GA
Zip: 31562 Country: U.S.	Zip: 31562 Country: U.S.

4. State/Country of Formation: Florida / United States
5. Date Organized or Qualified to Do Business in Florida: 1/10/2023
6. FEI Number: 99-1668386 ☐ Applied For ☐ Not Applicable
7. CERTIFICATE OF STATUS DESIRED ☐

FILED
2024 JAN 23 PM 4:33
SECRETARY OF STATE
TALLAHASSEE, FL

8. Name and Address of Current Registered Agent

Name: Compliance Law LLC
Street Address (P.O. Box Number is Not Acceptable): 501 W. Bay Street
Apt. #, Ste.: Ste. 100
City: Jacksonville | State: FL | Zip Code: 32202

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: X _____ Date: X 12/12/2023
REGISTERED AGENT MUST SIGN

10. Names and Street Addresses of Authorized Representatives/Managers

Title	Name of Authorized Representative/ Manager	Street Address of Each Authorized Representative/ Manager	City / State / Zip
AMBR	James Shelton	194 Farm Rd	Saint George, GA 31562

REINSTATEMENT
2023

11. E-mail Address: Officemanager.SRC@Gmail.com
(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: 12/12/23 Daytime Phone #: 904-378-9905

Typed or printed name of signing authorized representative/member: James Shelton

JAN 23 2024
M. WILLIAMS