


PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

<b>LIMITED LIABILITY COMPANY REINSTATEMENT</b>		<b>FLORIDA DEPARTMENT OF STATE</b>
		<b>Katherine Harris Secretary of State DIVISION OF CORPORATIONS</b>

FILED

01 NOV -7 PM 12:17

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

**DOCUMENT #** L97000000653

**1. Limited Liability Company's Name**

Smith Construction Company, L.C.

**2. Principal Office Address**  
102 Perdido Circle

**3. Mailing Office Address**  
P.O. Box 1815

Suite, Apt. #, etc.

Suite, Apt. #, etc.

**City & State**  
Niceville, FL

**City & State**  
Niceville, FL

**Zip** 32578

**Country**  
US

**Zip** 32588

**Country**  
US

**REINSTATEMENT** 99-200

**4. State/Country of Formation**  
Florida/US

**5. Date Organized or Qualified  
To Do Business in Florida** June 20, 1997

**6. FEI Number** 59-3453056

**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**

Kimberly Smith

**Street Address (P.O. Box Number is Not Acceptable)**  
102 Perdido Circle

300004689173--2  
-11/20/01--0104--004

**Suite, Apt. #, Etc.**

\*\*\*250.00 \*\*\*250.00

**City**

Niceville

**State**  
FL

**Zip Code**  
32578

**9. I, being appointed the registered agent of the above named limited liability company, am familiar with and accept the obligations of Chapter 608, F.S.**

**Signature of  
Registered Agent** Kimberly Smith  
REGISTERED AGENT MUST SIGN

**Date** 11/5/01

**10. Names and Street Addresses of Managing Members/Managers**

Titles	Name of Managing Members/Managers	Street Address of Each Managing Member/Manager	City / State / Zip
Mgr.	Ricky L. Smith	102 Perdido Circle	Niceville, FL 32578

**11. I certify that I am managing member/manager or the receiver or trustee empowered to execute this application as provided for in chapter 608, 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 section 608.406, 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.**

**Signature of  
Managing Member/Manager** Ricky L. Smith **Date** 11/5/01 **Daytime Phone #** 850-376-6122

**Typed or printed name of signing Managing Member/Manager** Ricky L. Smith