

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**LIMITED LIABILITY  
COMPANY  
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE  
**Katherine Harris**  
Secretary of State  
DIVISION OF CORPORATIONS

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS  
00 OCT 19 PM 11:02

DOCUMENT #

L98/2010

1. Limited Liability Company's Name

Central Florida Construction  
Management, L.C.

2. Principal Office Address

443 Beauregard Ave. NE

Suite, Apt. #, etc.

Palm Bay, Florida

City & State

3. Mailing Office Address

443 Beauregard Ave NE

Suite, Apt. #, etc.

Palm Bay, Florida

City & State

4. State/Country of Formation

Florida

5. Date Organized or Qualified  
To Do Business in Florida

9-28-1998

6. FEI Number

59-3519898

Applied For

Not Applicable

7. CERTIFICATE OF STATUS DESIRED ☒

\$5.00 Additional Fee required  
for a Certificate of Status

Zip  
32907

Country  
U.S.

Zip  
32907

Country  
U.S.

8. Name and Address of Current Registered Agent

Name

Terry Lawson

Street Address (P.O. Box Number is Not Acceptable)

443 Beauregard Avenue NE

Suite, Apt. #, Etc.

Palm Bay, FL 32907

City

Palm Bay

500002458105-3

-11/09/00--01020--003

\*\*\*\*155.00 \*\*\*\*155.00

State

FL

Zip Code

32907

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

*[Signature]*  
REGISTERED AGENT MUST SIGN

Date 10-15-00

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

Manager Terry R. Lawson 443 Beauregard Avenue NE Palm Bay, FL 32907

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

*[Signature]*

Date 10-15-00 Daytime Phone # 321-403-5186

Typed or printed name of signing Managing Member/Manager

Terry R. Lawson