

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**LIMITED LIABILITY
COMPANY
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State

DIVISION OF CORPORATIONS

02 APR 19 AM 11:24
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # 2001-2002 L99000000183

1. Limited Liability Company's Name

ALLSTATE BUILDING SYSTEMS, LLC

REINSTATEMENT

2001-2002

2. Principal Office Address

9600 HWY. 192 WEST,

Suite, Apt. #, etc.

LOT # 239

City & State

CLERMONT, FL

Zip

34711

Country

USA

3. Mailing Office Address

5745 S.W. 75th STREET,

Suite, Apt. #, etc.

PMB # 223

City & State

GAINESVILLE, FL

Zip

32608

Country

USA

4. State/Country of Formation

USA

5. Date Organized or Qualified
To Do Business in Florida

1/11/1999

6. FEI Number

59-3553404

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

SANDY DAILEY

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

9600 HWY. 192 WEST

Suite, Apt. #, Etc.

LOT # 239

City

CLERMONT

State

FL

Zip Code

34711

600005361906--4

-04/29/02--01019--011

*****50.00 *****50.00

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

Sandy Dailey

Date 3/4/02

REGISTERED AGENT MUST SIGN

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	JOHN ANDREW DAILEY	9600 HWY.192 WEST, #239	CLERMONT, FL 34711
MGR	BOB DAILEY	9600 HWY.192 WEST, #239	CLERMONT, FL 34711
			600005361906--4 -04/29/02--01019--012 *****150.00 *****150.00

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

John Andrew Dailey

Date 3/4/02 Daytime Phone # 407-810-0191

Typed or printed name of signing Managing Member/Manager John Andrew Dailey