

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

192

LIMITED LIABILITY  
COMPANY

REINSTATEMENT

2001 UBR



FLORIDA DEPARTMENT OF STATE

Katherine Harris  
Secretary of State

DIVISION OF CORPORATIONS

FILED

01 NOV 13 PM 12:17

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # L99000003374

1. Limited Liability Company's Name

ALLIED UNIKING BUILDERS, L.L.C.

2. Principal Office Address

1234 AIRPORT ROAD

Suite, Apt. #, etc.

SUITE 108

City & State

DESTIN, FL

Zip

32541

Country

USA

3. Mailing Office Address

1234 AIRPORT ROAD

Suite, Apt. #, etc.

SUITE 108

City & State

DESTIN, FL

Zip

32541

Country

USA

4. State/Country of Formation

FLORIDA / USA

5. Date Organized or Qualified  
To Do Business in Florida

07/1999

6. FEI Number

59-3593346

Applied For

Not Applicable

7. CERTIFICATE OF STATUS DESIRED ☐

\$300 Additional Fee required  
for a Certificate of Status

8. Name and Address of Current Registered Agent

Name

HUSTON, GARY W

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

125 W. ROMANA, SUITE 800

Suite, Apt. #, Etc.

100004693971--5

-11/26/01--01087--009

\*\*\*\*\*50.00 \*\*\*\*\*50.00

City

PENSACOLA

State

FL

Zip Code

32501

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

Date

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	WILLIAM J. JOHNSON JR.	213 MISTY CT.	DESTIN, FL 32541
MGR	KEN R. ANDERSON	4750 CROMWELL	MEMPHIS, TN 38181

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

William J. Johnson

Date 10-18-01

Daytime Phone # 850-269-0267

Typed or printed name of signing Managing Member/Manager