

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

00 DEC 18 AM 11:40

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT #

1. Limited Liability Company's Name

L99-9552

REINSTATEMENT 2000

ASI WELBRO CONSTRUCTION SERVICES, LLC

2. Principal Office Address

800 TRAFALGAR CT.

Suite, Apt. #, etc.

SUITE #200

City & State

MAITLAND, FLA.

Zip

32751

Country

USA

3. Mailing Office Address

800 TRAFALGAR CT.

Suite, Apt. #, etc.

SUITE #200

City & State

MAITLAND, FLA.

Zip

32751

Country

USA

4. State/Country of Formation

Florida, USA

5. Date Organized or Qualified
To Do Business in Florida

12/7/99

6. FEI Number

22-3766855

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

A.G.C. Co.

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

200 S. ORANGE AVENUE

Suite, Apt. #, Etc.

SUITE # 2300

City

ORLANDO

300003510943-5

-12/21/00--01093--016

****150.00 ****150.00

State

FL

Zip Code

32801

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 DECEMBER 5, 2000

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
MEM	WELBRO Building Corp.	800 TRAFALGAR CT, #200	MAITLAND, FLA. 32751

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

Date 12/14/00

Daytime Phone # 407/475-0800

Typed or printed name of signing Managing Member/Manager

STEVEN S. DAVIS

CR2E041 (9/00)