

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

02 DEC 12 AM 9:47

SECRETARY OF STATE
TALLAHASSEE FLORIDA

1. DOCUMENT # M01000002361

Name and Mailing Address

0006038 01 FP 0.352 **PRSR T9 0 0615 29910-079797



DJ CONSTRUCTION, LLC
29C SUBYARD
P.O. BOX 797
BLUFFTON SC 29910-0797



12/12/2002

MJH

2. New Mailing Address		4. State/Country of Formation GA	
City, State, Zip		5. Date Organized or Qualified To Do Business in Florida 10/19/2001	
Principal Place of Business 29C SUBYARD P.O. BOX 797 BLUFFTON SC 29910	3. New Principal Place of Business Address City, State, Zip	6. FEI Number 58-2445836	Applied For Not Applicable
		7. CERTIFICATE OF STATUS DESIRED <input type="checkbox"/> \$5.00 Additional Fee required for a Certificate of Status	

CR2E084 (8/02)

8. Name and Address of Current Registered Agent REGISTERED AGENTS LEGAL SERVICES, INC. 1333 N. DUVAL STREET TALLAHASSEE FL 32302	9. Name and Address of New Registered Agent Name: Rubi Akoka Street Address (P.O. Box Number is Not Acceptable): 2686 Pine Shaded Lane City: Clearwater FL 34611 State: FL Zip Code
---	---

10. 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: 12/12/02

REGISTERED AGENT MUST SIGN

11. Names and Street Addresses of Each Managing Member/Manager			
Title(s)	Name of Managing Members/Managers	Street Address of Each Managing Member/Manager	City / State / Zip
MGRM	JENKINS, MICHAEL L	227 PINE DRIVE	RINCONGA 31328
MGRM	DAVIS, DAVID B	#3 GHOST PONY ROAD	BLUFFTON SC 29910
000008713680 10/30/02--01131--007 **155.00			

12. 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: 12/12/02 Daytime Phone #

Typed or printed name of signing Managing Member/Manager