

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**LIMITED LIABILITY
COMPANY
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # M03000002359

1. Limited Liability Company's Name

MAGELLAN CONSTRUCTION, L.L.C.

2. Principal Office Address

980 N. Michigan Ave.

Suite, Apt. #, etc.

#1110

City & State

Chicago, IL

Zip

60611

Country USA

Cook County

3. Mailing Office Address

980 N. Michigan Ave.

Suite, Apt. #, etc.

#1110

City & State

Chicago, IL 60611

USA

Zip

60611

Country

Cook County

4. State/Country of Formation

Illinois

**5. Date Organized or Qualified
To Do Business in Florida**

6. FEI Number

38-3684482

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

CT Corporation System

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

1200 Pine Island Road

Suite, Apt. #, Etc.

City

Plantation

State

FL

Zip Code

33324

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

Connie Bryan

CONNIE BRYAN

SPECIAL ASSISTANT SECRETARY

REGISTERED AGENT MUST SIGN

Date

10/20/2004

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
Managing Member	Jules H. Marling III	980 N. Michigan Ave. #1110	Chicago, IL 60611

100042193447
10/26/04--01082--003 **150.00

REINSTATEMENT

2004

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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

Jules H. Marling III

Date

10/15/04

Daytime Phone# 312-587-1800

Typed or printed name of signing Managing Member/Manager

Jules H. Marling III, managing member

FILED

04 OCT 20 AM 8:05

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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CR2E041 (10/02)