

FILED

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

2016 APR -7 AM 9:18
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

LIMITED LIABILITY COMPANY REINSTATEMENT				FLORIDA DEPARTMENT OF STATE Secretary of State DIVISION OF CORPORATIONS	
DOCUMENT # M04000001039					
1. Limited Liability Company's Name Pilgrim Construction Co., LLC					
2. Principal Office Address - No P.O. Box # 915 North Front St		3. Mailing Office Address PO Box E		4. State/Country of Formation Mississippi	
Suite, Apt. #, etc.		Suite, Apt. #, etc.		5. Date Organized or Qualified To Do Business in Florida 03/18/2004	
City & State Sandersville, MS		City & State Sandersville, MS		6. FEI Number 64-0909806	
Zip 39477	Country	Zip 39477	Country	7. CERTIFICATE OF STATUS DESIRED <input type="checkbox"/> \$5.00 Additional Fee required for a Certificate of Status	
8. Name and Address of Current Registered Agent					
Name Corporation Service Company					
Street Address (P.O. Box Number is Not Acceptable) 1201 Hays Street					
Suite, Apt. #, Etc.					
City Tallahassee		State FL	Zip Code 32301		
9. I, being appointed the registered agent of the above named limited liability company, am familiar with and accept the obligations of Chapter 605, F.S.					
Signature of Registered Agent		Carina L. Dunlap Asst. Vice President		Date 04-07-14	
REGISTERED AGENT MUST SIGN					
10. Names and Street Addresses of Authorized Representatives/Managers					
Titles	Name of Authorized Representatives/ Managers	Street Address of Each Authorized Representative/ Manager		City / State / Zip	
AMBR	Brian Pilgrim	915 North Front Street		Sandersville, MS 39477	
11. E-mail Address: _____ (To be used for future annual report notifications)					
12. I certify that I am an authorized representative/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 605.0012, 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. I am aware that false information submitted to the Department of State constitutes a third degree felony as provided in s. 817.155, F.S.					
Signature of Authorized Representative/Manager		Brian Pilgrim		Date 4-4-14	
Typed or printed name of signing Authorized Representative/Manager		Brian Pilgrim		Daytime Phone # 601-426-3118	