

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

FILED

09 JUL -7 PM 12:32

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

**LIMITED LIABILITY
COMPANY
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # M05000000613

1. Limited Liability Company's Name

RFW Construction Group, LLC

2. Principal Office Address - No P.O. Box #

1901 Hwy 51 Bypass North
Suite, Apt. #, etc.

3. Mailing Office Address

Same
Suite, Apt. #, etc.

City & State

Dyersburg, TN

City & State

Zip

38024 Country U.S.

Zip

Country

4. State/Country of Formation

TN

5. Date Organized or Qualified
To Do Business in Florida

2/4/05

6. FEI Number

56-2394571

Applied For

Not Applicable

7. CERTIFICATE OF STATUS DESIRED ☒

\$5.00 Additional Fee required
for a Certificate of Status

B. Name and Address of Current Registered Agent

Name

C T Corporation System

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

1200 South Pine Island Road

Suite, Apt. #, Etc.

City

Plantation

State

FL

Zip Code

33324

☐ A \$100 reinstatement fee is imposed, except
in circumstances which the entity did not
receive the prior notices. By checking this
box, you are certifying the prior notices were
not received and requesting the \$100
reinstatement be waived.

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

Bernadette McNamara

REGISTERED AGENT MUST SIGN

Assistant Secretary

Date 6/5/2009

10. Names and Street Addresses of Managing Members/Managers

Titles	Name of Managing Member/Managers	Street Address of Each Managing Member/Manager	City / State / Zip
MGRM	Larry W. Rogers	1901 Hwy 51 Bypass N	Dyersburg, TN 38024
MCKM	Billy Y. Walker	1901 Hwy 51 Bypass N	Dyersburg, TN 38024
<p>REINSTATEMENT</p> <p>400158265284 07/08/09--01005--022 **\$55.00</p> <p>400158265284 07/08/09--01005--023 **\$5.00</p> <p><u>DP White</u></p>			

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

Billy Y. Walker

Date

6/2/2009

Daytime Phone #

731-295-5051

Typed or printed name of signing Managing Member/Manager

BILLY WALKER