

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

LIMITED LIABILITY  
COMPANY  
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE  
Secretary of State  
DIVISION OF CORPORATIONS

08 JUL 23 PM 12:33

SECRETARY OF STATE  
TALLAHASSEE FLORIDA

DOCUMENT # MD50000006511

1. Limited Liability Company's Name

Scott Steel Erectors, LLC

CR2E041 (12/07)

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

5812 Abba Lane

Suite, Apt. #, etc.

3. Mailing Office Address

5812 Abba Lane

Suite, Apt. #, etc.

City & State

Pensacola FL

Zip

32526

Country

USA

City & State

Pensacola FL

Zip

32526

Country

USA

4. State/Country of Formation

GA USA

5. Date Organized or Qualified  
To Do Business in Florida

2003

6. FEI Number

331014655

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

LAURA T. HENDERSON

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

5812 Abba Lane

Suite, Apt. #, Etc.

City

Pensacola

State

FL

Zip Code

32526

☐ 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

REGISTERED AGENT MUST SIGN

Date 7-3-08

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
Pres	Laura T. Henderson	5812 Abba Lane P	Pensacola FL 32526

REINSTATEMENT 06/08

06/24/08--01021--011 \*\*521.25

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 7-3-08

Daytime Phone # 770-3132244

Typed or printed name of signing Managing Member/Manager

LAURA T. HENDERSON