

MO9000001804

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

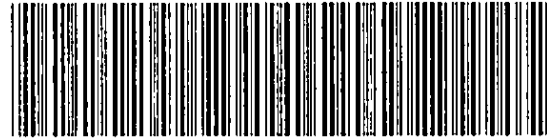
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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\$1765 re 17
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\$1795

[Handwritten signature]

CT CORP

3458 Lakeshore Drive, Tallahassee, FL 32312
850-656-4724

Date: 09/02/2022

Acc#I20160000072

mic

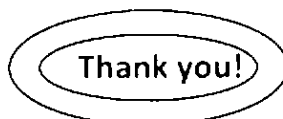
Name:	BLOCK BUILDERS, LLC
Document #:	
Order #:	14522397

Certified Copy of Arts & Amend:	☐		
Plain Copy:	☐		
Certificate of Good Standing:	☐		
Certified Copy of	☐		
Apostille/Notarial Certification:	☐	Country of Destination:	
		Number of Certs:	

Filing: ☒	Certified: ☒
	Plain: ☐
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Amount: \$	?? ??
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TALLAHASSEE, FL

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

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SECRETARY OF STATE
TALLAHASSEE, FL

**LIMITED LIABILITY
COMPANY
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # 1109000001804

1. Limited Liability Company's Name
Block Builders, LLC

CR2E041 (1/14)

2. Principal Office Address - No P.O. Box # 39279 Tommy Moore Rd Suite, Apt. #, etc.		3. Mailing Office Address 39279 Tommy Moore Rd Suite, Apt. #, etc.	
City & State Gonzales, LA		City & State Gonzales, LA	
Zip 70737	Country USA	Zip 70737	Country USA

4. State/Country of Formation
Louisiana

5. Date Organized or Qualified
To Do Business in Florida
5/9/2009

6. FEI Number
26-2248426

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 NRAI SERVICES, INC			
Street Address (P.O. Box Number is Not Acceptable) 1200 South 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 605, F.S.	
Signature of Registered Agent 	Date 8/23/2022
REGISTERED AGENT MUST SIGN	

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 	Date 8/23/2022
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
MGR	Jason E. Keller	4545 Post Oak Place Dr	Houston, TX 77027

11. E-mail Address: mstafford@blockcompanies.com

(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 Date 8/22/2022 Daytime Phone #

Typed or printed name of signing Authorized Representative/Manager Jason E. Keller