

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**LIMITED LIABILITY
COMPANY
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

02 FEB 19 PM 3:54--

DOCUMENT # M 98000000279

1. Limited Liability Company's Name

Wood-Hopkins Contracting Company, L.L.C.

9/28/01

2. Principal Office Address

1901 Hill Street

Suite, Apt. #, etc.

City & State

Jacksonville, FL

Zip

32202

Country

Duval

3. Mailing Office Address

1901 Hill Street

Suite, Apt. #, etc.

City & State

Jacksonville, FL

Zip

32202

Country

Duval

4. State/Country of Formation

GEORGIA

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

03/25/1998

6. FEI Number

59-3498634

Applied For

Not Applicable

7. CERTIFICATE OF STATUS DESIRED ☒

8. Name and Address of Current Registered Agent

Name

R.L. Mitchell

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

1901 Hill Street

Suite, Apt. #, Etc.

City

Jacksonville

State

FL

Zip Code

32202

700005051247--7
-03/06/02--01076-031
CWS *****205.00 *****205.00

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

R.L. Mitchell

REGISTERED AGENT MUST SIGN

Date

2/15/02

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
MGRM	R.L. Mitchell	1901 Hill Street	Jacksonville, FL 32202
			Reim 100.
			01 50
			02 50
			CWS 5
			205.00 nc

REINSTATEMENT 2001-2002

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

R.L. Mitchell

Date

2/15/02

Daytime Phone #

(904) 353-5521

Typed or printed name of signing Managing Member/Manager

R.L. Mitchell

CR2E041 (9/01)