

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**LIMITED LIABILITY
COMPANY
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED
04 APR -2 AM 8:55

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # M98000000457

1. Limited Liability Company's Name

Colorado Springs Construction LLC

2. Principal Office Address

36635 148th Ave SE

Suite, Apt. #, etc.

City & State

Auburn, WA

Zip 98092

Country USA

3. Mailing Office Address

P.O. Box 816

Suite, Apt. #, etc.

City & State

Auburn, WA

Zip 98071

Country USA

4. State/Country of Formation

Colorado

5. Date Organized or Qualified
To Do Business in Florida

05/08/1998

6. FEI Number

84-1335056

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

William A. Clark

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

38423 Washington Loop Rd.

Suite, Apt. #, Etc.

City

Punta Gorda,

State

FL

Zip Code

33982

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

William Albert Clark

Date

3/31/04

REGISTERED AGENT MUST SIGN

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.	Don R. Kirkman	36635 148th Ave SE	Auburn, WA 98092
mgrm	R. Kree Kirkman	102 Blue Creek	Heron, MT 59844

REINSTATEMENT

03-04

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

Don R. Kirkman

Date

3/31/04

Daytime Phone #

253-833-7910

Typed or printed name of signing Managing Member/Manager

Don R. Kirkman / manager, member

CR2E041 (10/02)