

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM

SECRETARY OF STATE
DIVISION OF CORPORATIONS

06 SEP 14 PM 12:05

**LIMITED LIABILITY
COMPANY
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT #

1. Limited Liability Company's Name

M99000000421

McClure Design & Build Contractors, LLC

2. Principal Office Address

5467 Bell's Ferry Rd

Suite, Apt. #, etc.

3. Mailing Office Address

SAME as PRINCIPAL

Suite, Apt. #, etc.

City & State

Acworth, GA

City & State

Zip

30102

Country

USA

Zip

Country

4. State/Country of Formation

Georgia USA

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

3/23/1999

6. FEI Number

58-2409233

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

Don McClure

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

107 Cottage Court

Suite, Apt. #, Etc.

City

Carillion Beach

State

FL

Zip Code

32413

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

Don McClure

Date

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
Manager	Don McClure	71 Thrasher Str.	Norcross, GA 30071
			700080040157 09/21/06--01055--013 **355.00
			REINSTATEMENT 02-06

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 McClure

Date

9/15/06

Daytime Phone #

770-591-6337

Typed or printed name of signing Managing Member/Manager

Don McClure