

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

OCT 24 PM 11:02

DOCUMENT # M99000001419

1. Limited Liability Company's Name

Boatwright Construction, LLC

2. Principal Office Address

309 Pirkle Ferry Road

Suite, Apt. #, etc.

Suite E 200

City & State

Cumming, GA

Zip

30040

Country

US

3. Mailing Office Address

Same

Suite, Apt. #, etc.

Same

City & State

Same

Zip

30040

Country

US

4. State/Country of Formation

US

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

9-13-1999

6. FEI Number

58-2483297

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

Florida Incorporators, Inc

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

1221 Brickell Avenue

Suite, Apt. #, Etc.

Suite 900

City

Miami

State

FL

Zip Code

33131

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

[Signature] **President, Florida Incorporators, Inc** Date **10/19/00**

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
Mgr	Bobby Boatwright	309 Pirkle Ferry Road STE E200	Cumming, GA 30040

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

[Signature]

Date **10/17/00**

Daytime Phone # **(770) 205-5340**

Typed or printed name of signing Managing Member/Manager

Bobby Boatwright

CR2E041 (9/00)