

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM

FILED

08 OCT 14 PM 3:46

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

**LIMITED LIABILITY
COMPANY
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # **M99000001419**

1. Limited Liability Company's Name

Boatwright Construction, LLC

CR2E041 (10/08)

2. Principal Office Address - No P.O. Box # 108 Smith Forrest Lane		3. Mailing Office Address 108 Smith Forrest Lane	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State Alpharetta, GA		City & State Alpharetta, GA	
Zip 30004	Country USA	Zip 30004	Country USA

4. State/Country of Formation Georgia	
5. Date Organized or Qualified To Do Business in Florida 09/13/1999	
6. FEI Number 582483297	Applied For <input type="checkbox"/> Not Applicable
7. CERTIFICATE OF STATUS DESIRED <input type="checkbox"/> \$5.00 Additional Fee required for a Certificate of Status	

8. Name and Address of Current Registered Agent

Name David Barnett Brown		
Street Address (P.O. Box Number is Not Acceptable) 215 East Livingston Street		
Suite, Apt. #, Etc.		
City Orlando	State FL	Zip Code 32801

☐ A \$100 reinstatement fee is imposed, except in circumstances which the entity did not receive the prior notices. By checking this box, you are certifying the prior notices were not received and requesting the \$100 reinstatement be waived.

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]

Date **10/14/08**

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	108 Smith Forrest Lane	Alpharetta, GA30004

REINSTATEMENT 06-08

[Signature]

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 **10/14/08**

Daytime Phone # **407 872-0600**

Typed or printed name of signing Managing Member/Manager **Bobby Boatwright**



CORPORATION SERVICE COMPANY

ACCOUNT NO. : 072100000032

REFERENCE : 757486 7386662

AUTHORIZATION :

[Signature]

COST LIMIT : \$ 516.25

ORDER DATE : October 14, 2008

ORDER TIME : 3:17 PM

ORDER NO. : 757486-005

CUSTOMER NO: 7386662

REINSTATEMENT

NAME: BOATWRIGHT CONSTRUCTION, LLC

000136918290

XX REINSTATEMENT

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

 CERTIFIED COPY
XX PLAIN STAMPED COPY
 CERTIFICATE OF GOOD STANDING

CONTACT PERSON: Susie Knight

EXAMINER'S INITIALS

RECEIVED
09 OCT 14 PM 3:41
STATE
DIVISION OF CORPORATIONS
TALLAHASSEE, FLORIDA