


2005 LIMITED LIABILITY COMPANY REINSTATEMENT

SECRETARY OF STATE
DIVISION OF CORPORATIONS
06 JAN 18 AM 11:04

DOCUMENT # L0000005411			
1. Entity Name FRIDAY CONSTRUCTION, L.L.C.			
Principal Place of Business 70 ADAMS STREET MOBILE, AL 36602		Mailing Address 70 ADAMS STREET MOBILE, AL 36602	
2. Principal Place of Business <i>1444 W J-65 SERVICE RAS</i>		3. Mailing Address <i>1444 W J-65 SERVICE RAS</i>	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State <i>MOBILE, AL</i>		City & State <i>MOBILE, AL</i>	
Zip <i>36693</i>		Country <i>USA</i>	
10312005 REIN-LLC		CR2E101 (6/04)	
4. FEI Number 58-2583043		Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>		\$5.00 Additional Fee Required	
6. Name and Address of Current Registered Agent		7. Name and Address of New Registered Agent	
MCGILL, ROBERT E III 36008 EMERALD COAST PARKWAY, SUITE 301 DESTIN, FL 32541		Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code	
8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.			
SIGNATURE <i>[Signature]</i>		DATE <i>01-06-06</i>	
(NOTE: Registered Agent signature required when reinstating)			
FILE NOW!!! FEE IS \$150.00 After January 1, 2006, Fee will be \$200.00		Make check payable to Florida Department of State	
9. MANAGING MEMBERS / MANAGERS		10. ADDITIONS / CHANGES	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM BELL, C. THURMON 70 ADAMS ST MOBILE, AL 36602 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM COMMISKEY, MICHAEL P.O. BOX 1446 PASCAGOULA, MS 39568 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition 100065075101 02/02/06--01020--003 **150.00
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM SILVERSTEIN, JERRY 2321 AIRPORT BLVD. MOBILE, AL 36606 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition 100065075101 02/02/06--01020--004 **50.00
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition REINSTATEMENT 05-06
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
11. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am a managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.			
SIGNATURE: <i>[Signature]</i>		C. THURMON BELL	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE		Date <i>12/13/05</i> Daytime Phone # <i>251-666-6767</i>	