





2005 LIMITED LIABILITY COMPANY REINSTATEMENT

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
05 OCT 27 AM 11:14

DOCUMENT # L04000085421 1. Entity Name BROTHERS 3 CONSTRUCTION, LLC		
Principal Place of Business 7777 GRADY DR. N. FORT MYERS, FL 33917 US		Mailing Address 7777 GRADY DR. N. FORT MYERS, FL 33917 US
2. Principal Place of Business 7777 Grady Dr		3. Mailing Address 2900 N TAMiami Tr
Suits, Apt. #, etc. 		Suits, Apt. #, etc.
City & State N. Ft. Myers		City & State N. Fort Myers
Zip FL 33917		Zip 33917
Country LLC		Country LLC
4. FEI Number 61-1479969		Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>		\$6.00 Additional Fee Required
6. Name and Address of Current Registered Agent JOHN MARTIN BAUDINO 14728 BENTWOOD-8T N. FORT MYERS, FL 33917		7. Name and Address of New Registered Agent Name John Martin Baudino Street Address (P.O. Box Number is Not Acceptable) 7777 Grady Dr City N. Fort Myers FL Zip Code 33917
8. The above named party 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, the registered agent.		
SIGNATURE 		DATE 10-28-05
FILE NUMBER FEE IS \$150.00 After January 1, 2006, Fee will be \$200.00		Money should be payable to Florida Department of State
9. MANAGING MEMBERS/MANAGERS		10. ADDITIONS/CHANGES
TITLE MGGR	NAME BAUDINO, JOHN M	TITLE
STREET ADDRESS 4080 BROOKS TRAIL	CITY-ST-ZIP LEWISTON, NJ 08758	NAME
<input type="checkbox"/> Delete		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE MGRM	NAME BAUDINO, MICHAEL W	TITLE
STREET ADDRESS 7777 GRADY DR	CITY-ST-ZIP N. FORT MYERS, FL 33917	NAME
<input type="checkbox"/> Delete		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE MGRM	NAME GIBSON, MARK ROBERT SR	TITLE
STREET ADDRESS 7788 HART DRIVE	CITY-ST-ZIP N. FORT MYERS, FL 33917	NAME
<input type="checkbox"/> Delete		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE 	NAME 	TITLE
STREET ADDRESS 	CITY-ST-ZIP 	NAME
<input type="checkbox"/> Delete		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE 	NAME 	TITLE
STREET ADDRESS 	CITY-ST-ZIP 	NAME
<input type="checkbox"/> Delete		<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)(c), 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, done receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.		REINSTATEMENT 
SIGNATURE 		DATE 10-28-05
SIGNATURE AND TYPE OR PRINTED NAME OF OWNER, MANAGER, MEMBER, OR AUTHORIZED REPRESENTATIVE		