PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

LIMITED LIABILITY COMPANY REINSTATEMENT	FLORIDA DEPARTMENT OF STA Secretary of State DIVISION OF CORPORATIONS	9 TEB
DOCUMENT # L 05 0000 64226 1. Limited Liability Company's Name PTS Construction Services LLC		-3 PH 2: 36 CR2E041 (10/08)
2. Principal Office Address - No P.O. Box # 985 // Avenue 5.	3. Mailing Office Address 985 11th Auence S	4. State/Country of Formation
Suite, Apt. #, etc.	Suite, Apt. #, etc.	Floring or Overlined
City & State	City & State	To Do Business in Florida 6/28/2005
Facksonville Beach, FL	Jackson VIle Bouch FL	6. FEI Number Applied For Not Applicable
Zip Country . 32250 USA	32250 USA	CERTIFICATE OF STATUS DESIRED 55 00 Administrative of Status
8. Name and Address of	Current Registered Agent	
Name PAUL M. KAUE Street Address (P.O. Box Number, is Not Acceptable) 9200 So. Dade Land Blud Ste 400 Suite, Apt. #, Etc.		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
city MIAMI	State Zip Code FL 33/)	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		
10. Names and Street Addresses of Managing Members/Managers		
Titles Name of Managing Members/Manage		Manager City / State / Zip
MKM Mark Bunton	2415 Costaverde L	Blud #104 Jacksonville Bruch FL 32250
	S. HAWKES	100142412761 01/29/0901041017 **516.25
	FEB 0 5 200 d	
	EXAMINER	REINSTATEMENT
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 eath.		
Signature of Managing Member/Manager Mass Research Date 1-21-2049 Deytime Phone # 904-6/3-9338		
Typed or printed name of signing Managing Member/Manager Mark Buntow		