

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION FOR REINSTATEMENT

FLORIDA DEPARTMENT OF STATE

John Smith

Secretary of State

DIVISION OF CORPORATIONS

1. DOCUMENT # L98000001338

Name and Mailing Address

0008218 01 FP 0.352 **PRSRT T5 0 0615 70809-426840

ANGELO IAFRATE CONSTRUCTION, L.L.C.
 11441 INDUSTRIPLEX, SUITE 140
 BATON ROUGE LA 70809-4268

300008732393

10/31/02--01095--005 **150.00



2. New Mailing Address		4. State/Country of Formation	
City, State, Zip		FL	
Principal Place of Business		5. Date Organized or Qualified To Do Business in Florida	
11441 INDUSTRIPLEX, SUITE 140 BATON ROUGE LA 70809		07/31/1998	
3. New Principal Place of Business Address		6. FEI Number	
City, State, Zip		38-3424695	
		Applied For	
		Not Applicable	
8. Name and Address of Current Registered Agent		7. CERTIFICATE OF STATUS DESIRED <input type="checkbox"/> \$5.00 Additional Fee required for a Certificate of Status	
C T CORPORATION SYSTEM 1200 SOUTH PINE ISLAND ROAD PLANTATION FL 33324			
		9. Name and Address of New Registered Agent	
		Name	
		Street Address (P.O. Box Number is Not Acceptable)	
		City	
		FL	
		Zip Code	
10. 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			
REGISTERED AGENT MUST SIGN			
Date			
11. Names and Street Addresses of Each Managing Member/Manager			
Title(s)	Name of Managing Members/Managers	Street Address of Each Managing Member/Manager	City / State / Zip
MGR	IAFRATE, ANGELO E	28400 SHERWOOD	WARRENMI 48091
MGR	IAFRATE, DOMINIC	28400 SHERWOOD	WARRENMI 48091

12. 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 Dominic Iafate Date 10/29/02 Daytime Phone # (225) 295-4830

Typed or printed name of signing Managing Member/Manager Dominic Iafate

REINSTATEMENT 2002

FILED

2002 OCT 31 AM 10:15

DIVISION OF CORPORATIONS

TALLAHASSEE, FLORIDA

CR2E084 (8/02)