

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

LIMITED LIABILITY COMPANY REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

SECRETARY OF STATE
DIVISION OF CORPORATIONS
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DOCUMENT # L02000006414

1. Limited Liability Company's Name

GEM Construction, LLC

2. Principal Office Address
SARASOTA
6209 Olive Ave FL 34231
Suite, Apt. #, etc.

3. Mailing Office Address
6209 Olive Ave
Suite, Apt. #, etc.

City & State
SARASOTA FL

City & State
SARASOTA FL

Zip Country
34231 SARASOTA

Zip Country
34231 SARASOTA

4. State/Country of Formation
FL, SARASOTA

5. Date Organized or Qualified To Do Business in Florida

6. FEI Number 33-099-7384 Applied For Not Applicable

7. CERTIFICATE OF STATUS DESIRED \$5.00 Additional Fee required for a Certificate of Status

CR2E041 (8/05)

8. Name and Address of Current Registered Agent

Name Michael S Fesko

Street Address (P.O. Box Number is Not Acceptable)
6209 Olive Ave

Suite, Apt. #, Etc.
SARASOTA FL 34231

City

State
FL

Zip Code
34231

600065076716
02/02/06--01020--018 *305.00

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

Michael S Fesko
REGISTERED AGENT MUST SIGN

Date 1-20-06

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 |
|------------|-----------------------------------|--|--------------------|
| <u>MBR</u> | <u>GIANNA P. Rinaldi</u> | <u>6209 Olive Ave SARASOTA</u> | <u>FL 34231</u> |
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REINSTATEMENT 03-06

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

Gianna P. Rinaldi

Date 1-20-06 Daytime Phone # 941-650-6002

Typed or printed name of signing Managing Member/Manager