

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

LIMITED LIABILITY
COMPANY
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE

Katherine Harris
Secretary of State

DIVISION OF CORPORATIONS

FILED

NOV 14 PM 12:17

DOCUMENT #

L-11109

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

1. Limited Liability Company's Name

V.I.P. CONSTRUCTION L.L.C.

2. Principal Office Address

3850 H.W. ROAD

Suite, Apt. #, etc.

H

City & State

LAKE WORTH FL.

Zip

33461

Country

U.P.B.

3. Mailing Office Address

Suite, Apt. #, etc.

City & State

FL.

Zip

Country

REINSTATEMENT

2001

4. State/Country of Formation

U.S.

5. Date Organized or Qualified
To Do Business in Florida

SEPT/12/00

6. FEI Number

65 1043638

Applied For

Not Applicable

7. CERTIFICATE OF STATUS DESIRED ☐

\$5.00 Additional Fee required
for a Certificate of Status

8. Name and Address of Current Registered Agent

Name

MARTIN BLACKBURN

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

4465 CUELYN PL.

Suite, Apt. #, Etc.

City

LAKE WORTH

600004702516-2

-12/03/01--01066-012

****150.00 ****150.00

State

FL

Zip Code

33463

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

REGISTERED AGENT MUST SIGN

Date NOV. 9 / 2001

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
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PRES	MARTIN BLACKBURN	4465 CUELYN PL.	L.W. FL. 33463
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MGR	MICHAEL MCCOY	428 N.W. 35th	BOCA RATON FL. 33431
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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

Date 11-9-01

Daytime Phone # 561-716-3975

561-643-5418

Typed or printed name of Managing Member/Manager