	PLEASERBAD	A FIN ST	TOCT ONE BEFORE	COMPLET	HGA HIZ FORM.	(of	
	ED LIABILITY OMPANY STATEMENT	PORIDA	EPARTMENT OF STAT Secretary of State ISION OF CORPORATIONS		F L E 3	54 TF A A	
DOCUMENT # L0 10 000 0 3 198					SECRETARY OF STATE TALLAHASSEE. FLORIDA		
NEHEMIAH CONSTRUCTION SERVICES, LLC					,	11/09/04	
PEINSTATEVENT 200 4. 2. Principal Office Address 3. Mailing Office Address							
2. Principal Office Address 17333 SIMMONS RD SAME					ntry of Formation		
Suite, Apt. #, etc. Suite, Apt. #		5, Date 0		nized or Qualified	2004		
City & State	TL-	City & State		6. FEI Numb	To Do Business in Florida MAR, 2001 FEI Number 593703446 Applied For Not Applied be		
Zip 33548	Country	Zip	Country	7. CERTIFICATI		O Additional Fee required r a Certificate of Status	
8. Name and Address of Current Registered Agent							
Name ALLEN W. PELHAM 700042183957							
						**30 . 00	
	Suite, Apt. #, Etc.						
	City LUTZ				State Zip Code 33548		
9. I, being Signature o Registered	Agent CUCCUTOY	Lello	od liability company, am familiar with	and accept the obliga	tions of Chapter 608, F.S.	A CAZEOA1 (10/02)	
10. Name	es and Street Addresses of Managing M	embers/Managers	1	F	1		
Titles	Name of Managing Members/ Managers		Street Address of Each Managing Member/Manager		City / State / Zip		
MGR	ALLEN W. PELHAM		17333 SIMMONS RD		LUTZ, FL 33548		
SEC	C. JOYCE PELHAM		1026 CRYSTAL LK RD		LUTZ, FL. 33548		
	REINST	ATEW	ENT 2004	· · · · · · · · · · · · · · · · · · ·			
44		Al '					
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 filling 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 10 16 2004 Daytime Phone # 813 - 4177 - 8455							
	inted name of signing Managing Membe	<i>S</i>		, , , , , , , , , , , , , , , , , , , ,			

Nehemiah construction services,LLC



17333 SIMMONS RD LUTZ, FL. 33548

Phone: 813-477-8455

Monday, October 18, 2004

Florida Department of State
Division of Corporations
Uniform Business Report Filings
P O Box 1500
Tallahassee, Fl 3202-1500

To Whom It May Concern:

I am writing this letter to ask for reinstatement of this Corporation for the following reasons.

During the later years of 2002 and the year 2003, my father became terminally ill and required a lot of my time helping my mother with getting him to and from the hospital (11 hospital stays & 5 ambulance runs) and giving 24/7 care until his death. My father was in and out of the hospital numerous times and between trying to make a living for my family consisting of wife and 4 kids, my time was totally taken.

My father passed away in March of 2003, and then other members of my family dying in 2004, of whom I was very close to, took its toll on me emotionally and financially. There was so much going on at this time that I could not think of doing everything that needed to be done.

I apologize for the lateness of this filing and wish to reinstate this LLC as I continue to do business in the State of Florida. I called and spoke with a gentleman named Joey in your department and he said to write a letter explaining the circumstances and send a check for \$90 that the LLC could be reinstated.

Thanks for your kind consideration.

Sincerely.

Allen W. Pelham

SECRETARY OF STATE TALLAHASSEE, FLORIDA. 2004 OCT 26 FH 3:54

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