

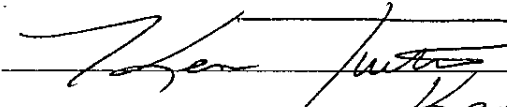


PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

LIMITED LIABILITY COMPANY REINSTATEMENT		 FLORIDA DEPARTMENT OF STATE Secretary of State DIVISION OF CORPORATIONS		FILED 04 SEP 30 PM 3:12 SECRETARY OF STATE TALLAHASSEE, FLORIDA																																					
DOCUMENT # LD1000003298																																									
1. Limited Liability Company's Name K+D Roofing, LLC																																									
2. Principal Office Address 254 Gladious Suite, Apt. #, etc. P.O. Box 1181 City & State Anna Maria FL Zip 34216 Country USA		3. Mailing Office Address 254 Gladious Suite, Apt. #, etc. P.O. Box 1181 City & State Anna Maria FL Zip 34216 Country USA		4. State/Country of Formation Florida / USA 5. Date Organized or Qualified To Do Business in Florida 3-1-01 6. FEI Number 65-1086899 7. CERTIFICATE OF STATUS DESIRED <input type="checkbox"/> \$5.00 Additional Fee required for a Certificate of Status																																					
8. Name and Address of Current Registered Agent Name Ken Turton Street Address (P.O. Box Number is Not Acceptable) 254 Gladious Suite, Apt. #, Etc. P.O. Box 1181 City Anna Maria State FL Zip Code 34216																																									
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  Date 9-27-04 REGISTERED AGENT MUST SIGN																																									
10. Names and Street Addresses of Managing Members/Managers <table border="1"><thead><tr><th>Titles</th><th>Name of Managing Members/Managers</th><th>Street Address of Each Managing Member/Manager</th><th>City / State / Zip</th></tr></thead><tbody><tr><td>MGRM</td><td>Ken Turton</td><td>254 Gladious P.O. Box 1181</td><td>Anna Maria, FL 34216</td></tr><tr><td> </td><td> </td><td> </td><td> </td></tr><tr><td> </td><td> </td><td> </td><td> </td></tr><tr><td> </td><td> </td><td> </td><td> </td></tr><tr><td> </td><td> </td><td> </td><td> </td></tr><tr><td> </td><td> </td><td> </td><td> </td></tr><tr><td> </td><td> </td><td> </td><td> </td></tr><tr><td> </td><td> </td><td> </td><td> </td></tr></tbody></table> 2003-2004						Titles	Name of Managing Members/Managers	Street Address of Each Managing Member/Manager	City / State / Zip	MGRM	Ken Turton	254 Gladious P.O. Box 1181	Anna Maria, FL 34216																												
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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 9-27-04 Daytime Phone # Typed or printed name of signing Managing Member/Manager Ken Turton																																									

CR2E041 (10/02)