

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Jill Smith
Secretary of State
DIVISION OF CORPORATIONS

SECRETARY OF STATE
DIVISION OF CORPORATIONS

1. DOCUMENT # L01000008033
Name and Mailing Address

02 NOV - 8. 11:03:00

0009847 01 FP 0.352 **PRSR H4 0 0615 32963-264866
PLATINUM U.S.A. CONTRACTING, LLC
1566 SHORELANDS DRIVE EAST
VERO BEACH FL 32963-2648



REINSTATEMENT 2002

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| 2. New Mailing Address 5111 N NEBRASKA AVE. City, State, Zip Tampa FL 33603 | | 4. State/Country of Formation FL |
| Principal Place of Business 1566 SHORELANDS DRIVE EAST VERO BEACH FL 32963 | 3. New Principal Place of Business Address City, State, Zip | 5. Date Organized or Qualified To Do Business in Florida 05/21/2001 |
| | | 6. FEI Number <input checked="" type="checkbox"/> Applied For <input checked="" type="checkbox"/> Not Applicable |
| | | 7. CERTIFICATE OF STATUS DESIRED <input checked="" type="checkbox"/> \$5.00 Additional Fee required for a Certificate of Status |

CR2E084 (8/02)

| | |
|---|--|
| 8. Name and Address of Current Registered Agent DAVIS ACCOUNTIG 5111 N. NEBRASKA AVE. TAMPA FL 33603 | 9. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) 100002896901 City 11/08/02 01118-008 **155.00 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 [Signature] REGISTERED AGENT MUST SIGN Date 11-04-02

| 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 |
| Sec | Kenneth Colmado | 96 Winfred Ave Yonkers NY 10704 | Yonkers NY 10704 |
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REINSTATEMENT 2002

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 [Signature] Date 11-04-02 Daytime Phone # 718-824-2444

Typed or printed name of signing Managing Member/Manager