PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

COMPANY REINSTATEMENT  COMPANY REINSTATEMENT  COMPANY REINSTATEMENT  COMPANY  COMPAN							FILED SECRETARY OF STATE DIVISION OF CORPORATIONS  05 JUN -8 AM 9: 39				
DOCUMENT # LO100001090+  1. Limited Liability Company's Name  Accurate Builders & Engineers, LLC.								UJ	JUM -8 AM S	l: 39	
Accurate builders & Engineers, LLC.							<b>200055890132</b> 06/08/0501015001 **300.00				
2. Principal			3. Mailing Office Address			<u> </u>					
21921 US Hwy 98 N Suite, Apt. #, etc.			Suite, Apt. #, etc.				State/Country of Formation     Florida				
						5. Date Organized or Qualified To Do Business in Florida					
City & State Dade City , FL			City & State				6. FEI Number Applied For				
<sup>Zip</sup> 33523	Country Country USA		Zip		Country	<del></del>	7. CERTIFICATE OF STATUS DESIRED S5 00 Additional Fee requirements for a Contribute of Status				
8. Name and Address of Current Registered Agent											
	Name Tyseer M. Kurdi								1		
	Street Address (P.O. Box Number is Not Acceptable) 21921 US Hwy 98 N									03	
	Suite, Apt. #, Etc.					rorsil	NSIL	JEV.	CONTRACTOR OF THE PARTY OF THE		
City Dade City							State Zip Code FL 33523				
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 TM								accept the obligations of Chapter 608, F.S.  Date 5/12/05			
REGISTERED AGENT MUST SIGN											
10. Names and Street Addresses of Managing Members/Managers  Titles  Name of Street Address of Each  City Class (Table)											
Titles	Managing Members/Managers			Managing Member/Mana							
pres/tre	Tyseer Kurdi			21921 US Hwy 98 N			Dade City FL. 33523				
VP/Sec	Linda Ku	ırdi		• ",				" //			
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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											
Typed or printed name of signing Managing Member/Menager Tysrer M. Kuxl;											