PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
05 JAN 13 AM 10:17

LIMITED LIABILITY COMPANY REINSTATEMENT

FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # L01000011728

1. Limited Liability Company's Name
General Building Development, LLC

2. Principal Office Address	3. Mailing Office Address
222 US Highway One	222 US Highway One
Suite, Apt. #, etc. Suite 208	Suite, Apt. #, etc. Suite 208
City & State Tequesta, FL	City & State Tequesta, FL
Zip 33469 Country Palm Beach	Zip 33469 Country Palm Beach

4. State/Country of Formation: Palm Beach

5. Date Organized or Qualified To Do Business In Florida: 8/20/01

6. FEI Number: ☐ 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: James A. Wilson

REINSTATEMENT 02-05

Street Address (P.O. Box Number is Not Acceptable): 222 US Highway One

Suite, Apt. #, Etc.: Suite 208

City: Tequesta State: FL Zip Code: 33469

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 1/11/05

REGISTERED AGENT MUST SIGN

CR2E041 (10/02)

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
MGR	James A. Wilson	222 US Highway One, Suite 208	Tequesta, FL 33469
MGR	Robert Godino	222 US Highway One, Suite 208	Tequesta, FL 33469

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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 1/11/05 Daytime Phone # 561-262-6853

Typed or printed name of signing Managing Member/Manager James A. Wilson