APR-10-2003 12:22 PM TODD FORDHAM 720 344 3592 P.02

Apr 10 2003 12:30 P.02

MAR-13-2003 08:16 AM TODD FORDHAM 720 344 3592 P.02

FEB-20-03 01:34 PM TODD FORDHAM 9042207855 P.07

L01000018929

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

03 APR 10 PM 2:30

LIMITED LIABILITY COMPANY REINSTATEMENT

DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # L01000018929

1. Limited Liability Company's Name: Bil Cat's Contractor Services, LLC

800011906798
02/06/03 01042 004 $400.00

2. Principal Office Address	3. Mailing Office Address
13245 Atlantic Blvd	Same
Suite, Apt #, etc. 4-361	Suite, Apt #, etc.
City & State: Jacksonville FL	City & State
Zip: 32225 Country: USA	Zip Country

4. State/Country of Formation: Florida

5. Date Organized or Qualified To Do Business in Florida: 11/2/01

6. FEI Number: 02-0667273 ☐ Applied For ☐ Not Applicable

7. Certificate of Status Desired ☐

8. Name and Address of Current Registered Agent

Name: Todd Fordham

Street Address (P.O. Box Number is Not Acceptable): 13245 Atlantic Blvd Ste - 4-361

Suite, Apt #, Etc.

City: Jacksonville State: FL Zip Code: 32225

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: [signature] Date: 02/26/03

REGISTERED AGENT MUST SIGN

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
Pres	William Hollingsworth	2768 Stonehedge Ct. S	Jacksonville, FL 32244
VP/Sec	Patrick Keller	905 Long Ascham Rd	Green Cove Springs, FL 32043
Treas	Todd Fordham	1600 Nottingham Knoll	Jacksonville, FL 32225
	FF $900		

REINSTATEMENT 02-03 [initials]

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 upon 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: 2/24/03 Daytime Phone #: 646-331-9164

Typed or printed name of signing Managing Member/Manager: Todd Fordham