L02000000528

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM

LIMITED LIABILITY COMPANY REINSTATEMENT

FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

04 FEB 20 PM 2:59

LL 03/05/04

DOCUMENT # L02000000528

1. Limited Liability Company's Name
DAVID LEONARD BUILDERS, LLC

2. Principal Office Address	3. Mailing Office Address
150 - 153rd AVE	PO BOX 60057
Suite, Apt. #, etc. SUITE 301	Suite, Apt. #, etc.
City & State MADEIRA BEACH, FL	City & State ST PETERSBURG, FL
Zip 33708 / Country USA	Zip 33784 / Country USA

4. State/Country of Formation: FLORIDA / USA

5. Date Organized or Qualified To Do Business in Florida: 12/31/2001

6. FEI Number: 59-3712605 — 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: DAVID L ACEVEDO

Street Address (P.O. Box Number is Not Acceptable): 150 -153rd AVE

Suite, Apt. #, Etc.: SUITE 301

City: MADEIRA BEACH — State: FL — Zip Code: 33708

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: 1/9/04

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
Director	DAVID L ACEVEDO	PO Box 60057	St Petersburg, FL 33784

100027692471
01/27/04--01045--018 **250.00

REINSTATEMENT 2002-2004

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: [signature] — Date: 2/16/04 — Daytime Phone #: 727-688-3283

Typed or printed name of signing Managing Member/Manager: DAVID L. ACEVEDO