APPROVE AND FILED

FORE COMPLETING THIS FORM. 04 HAY -3 PM 3: 25 SECRETARY OF STATE LIMITED LIABILITY FLORIDA DEPARTMENT OF STATE TALLAHASSEE, FLORIDA COMPANY Secretary of State REINSTATEMENT DIVISION OF CORPORATIONS DOCUMENT # L0200002124 1. Limited Liability Company's Name CON OF RUCTION BUILDING SERVICES AND 371 EVERGREEN AVENUE 33469 TEQUESTA, 3. Mailing Office Address 2. Principal Office Address 4. State/Country of Formation <u>sane</u> tho RIDA Suite, Apt. #, etc. Suite, Apt. #, etc. 5. Date Organized or Qualified To Do Business in Florida 1-29-02 City & State City & State Applied For 6. FEI Number TE 9 UCATA FL 01-0626/35 Not Applicable Zip Country Country \$5.00 Additional Fee required 33469 4.5 for a Certificate of Status 8. Name and Address of Current Registered Agent BROWN W. CONALD <u>900036196419</u> Street Address (P.O. Box Number is Not Acceptable) 05/12/04--01038--005 ***201:00 EVERGREBA Suite, Apt. #, Etc. City State Zip Code 33469 FL 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 REGISTERED AGENT MUST SIGN 10. Names and Street Addresses of Managing Members/Managers Name of Street Address of Each Manager Titles City / State / Zip Managing Members/Managers EVER GAREN AUB Mar TEQUESTA, FR 729UCSTA 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. Managing Member/Manager

KONALD W.

Typed or printed name of signing Managing Member/Manager ____