


PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

LIMITED LIABILITY COMPANY REINSTATEMENT		 FLORIDA DEPARTMENT OF STATE Secretary of State DIVISION OF CORPORATIONS	
DOCUMENT # 1. Limited Liability Company's Name <u>L02000003957</u> Southern Structures, LLC			
2. Principal Office Address 5517 Wendy Lane Suite, Apt. #, etc. City & State Naples, Florida Zip 34112 Country Collier		3. Mailing Office Address 5517 Wendy Lane Suite, Apt. #, etc. City & State Naples, Florida Zip 34112 Country Collier	
4. State/Country of Formation Florida/USA		5. Date Organized or Qualified To Do Business in Florida 2/19/2002	
6. FEI Number		<input type="checkbox"/> Applied For <input checked="" type="checkbox"/> Not Applicable	
7. CERTIFICATE OF STATUS DESIRED <input type="checkbox"/>		\$5.00 Additional Fee required for a Certificate of Status	
8. Name and Address of Current Registered Agent Name Gary Stone Street Address (P.O. Box Number is Not Acceptable) 5517 Wendy Lane Suite, Apt. #, Etc. City Naples State FL Zip Code 34112			
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 <u>[Signature]</u> Date <u>4-25-05</u> 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
MGRM	GARY STONE	5517 Wendy Lane	Naples, FL 34112
REINSTATEMENT 2003-2005			
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 <u>[Signature]</u> Date <u>4-25-05</u> Daytime Phone # <u>293-5901</u> Typed or printed name of signing Managing Member/Manager _____			

FILED
05 APR 29 AM 9:30
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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