PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

LIMITED LIABILITY COMPANY REINSTATEMENT

FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED
2003 DEC 17 PM 4:47
DIVISION OF CORPORATIONS
TALLAHASSEE, FLORIDA

DOCUMENT # L02000004135

1. Limited Liability Company's Name
Timothy Griffin Construction, LLC

800025490638
12/15/03 01019008 #150.00

2. Principal Office Address	3. Mailing Office Address
2904 W. Reynolds St.	2904 W. Reynolds St.
Suite, Apt. #, etc.	Suite, Apt. #, etc.
Plant City, FL	Plant City, FL
Zip: 33563 Country: USA	Zip: 33563 Country: USA

4. State/Country of Formation: Florida

5. Date Organized or Qualified To Do Business in Florida: 2/15/2002

6. FEI Number: 02-0560954 ☐ 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: Christopher H. Norman, Esq.
Street Address (P.O. Box Number is Not Acceptable): 315 South Hyde Park Ave.
Suite, Apt. #, Etc.:
City: Tampa State: FL Zip Code: 33606

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: 12/9/03
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	Thomas M. Griffin	2904 W. Reynolds St.	Plant City, FL 33563

REINSTATEMENT 2003

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: 12/9/03 Daytime Phone #: 813-754-2012

Typed or printed name of signing Managing Member/Manager: Thomas M. Griffin, Manager