L02000006445

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To:
Division of Corporations
Fax Number : (850)205-0383

From:
Account Name : A 1 A CORPORATE SERVICES, INC.
Account Number : I20010000247
Phone : (800)494-3124
Fax Number : (305)675-2811

05 MAY 27 PM 7:54
DIVISION OF CORPORATIONS

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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LIMITED LIABILITY REINSTATEMENT

ST. LAWRENCE CONSTRUCTION, LLC

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DATE: Thursday, May 26, 2005

TO: DEPARTMENT OF STATE
DIVISION OF CORPORATIONS

FROM: *LAWRENCE S KABINOFF*
ST. LAWRENCE CONSTRUCTION, LLC

WE DID NOT RECEIVE FROM YOU THE UNIFORM BUSINESS REPORT BY MAIL SINCE 2004.

PLEASE FILE OUR ANNUAL REPORT AND DO NOT CHARGE THE PENALTY.

IF YOU HAVE ANY QUESTIONS PLEASE CONTACT US AT 941-206-3990.

THANKS,

X _____
LAWRENCE S KABINOFF, MANAGER
ST. LAWRENCE CONSTRUCTION, LLC

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TALLAHASSEE, FLORIDA

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PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

LIMITED LIABILITY COMPANY REINSTATEMENT

FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # L02000006445

1. Limited Liability Company's Name
ST. LAWRENCE CONSTRUCTION, LLC

2. Principal Office Address	3. Mailing Office Address
1600 TAMIAMI TRAIL	1600 TAMIAMI TRAIL
Suite, Apt. #, etc. CITY CENTER SUITE 102	Suite, Apt. #, etc. CITY CENTER SUITE 102
City & State PORT CHARLOTTE, FL	City & State PORT CHARLOTTE, FL
Zip 33948 Country US	Zip 33948 Country US

4. State/Country of Formation FLORIDA

5. Date Organized or Qualified To Do Business in Florida

6. FEI Number 75-3037862

7. CERTIFICATE OF STATUS DESIRED ☐ $5.00 Additional Fee for a Certificate of

8. Name and Address of Current Registered Agent

Name: LAWRENCE S KABINOFF

Street Address (P.O. Box Number is Not Acceptable): 1600 TAMIAMI TRAIL

Suite, Apt. #, Etc.: CITY CENTER SUITE 102

City: PORT CHARLOTTE State: FL Zip Code: 33948

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 _____ Date 5-26-05
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
MGR	LAWRENCE S KABINOFF	CITY CENTER SUITE 102 1600 TAMIAMI TRAIL	PORT CHARLOTTE, FL 33948

REINSTATEMENT 04-05
NC

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 608.408, F.S., and 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 _____ Date 5-26-05 Daytime Phone # 941-206-3990

Typed or printed name of signing Managing Member/Manager LAWRENCE S KABINOFF 561-707-6967

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