PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

1000

LIMITED LIABILITY
COMPANY
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE Secretary of State

DIVISION OF CORPORATIONS

FILED

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TALLAGA DE PLORIDA

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DOCUMENT #

1. Limited Liability Company's Name

Typed or printed name of signing Managing Member/Manager

EJM Builders

L02000015553

7031 Mt.Vemon circle		Mailing Office Addr	ess			110	
				4. State/Cour	4. State/Country of Formation		
Suite, Apt. #, etc.		Suite, Apt. #, etc.			USA		
					5. Date Organized or Qualified To Do Business in Florida 06/2002		
City & State	3	City & State					
Jacks	onville,Fl.			6. FEI Numb	6. FEI Number 60-0003516 Applied For Not Applied For		
Zip	Country	Zip	Country	7.	· / \$5.00	Additional Fee required	
32210				CERTIFICATI	E OF STATUS DESIRED To a	Certificate of Status	
		8. Name and	Address of Current F	Registered Agent			
	Name Eric McDonald —1—)——————————————————————————————————						
Street Address (P.O. Box Number is Not Acceptable)							
	Street Abdress (F.O. Box Number is Not	7031	Mt.Vernon Ci	r. 9770	JENA-CART	**1 050.00	
	Suite, Apt. #, Etc.		·				
	City				State Zip Code		
	Jacksonville	•			FL 32210		
9. L being	appointed the registered agent of the above	named limited fiability	company am familiar y	with and accept the chlica	tions of Chapter 608 E.S.		
	4	1 227		and accept the conga		/ ,	
Signature o Registered		4 / 61.	how V		Date 6/29/	74	
	R F G	STERED AGENT MUS	ST SIGN				
10. Name	es and Street Addresses of Managing Memb	ers/Managers					
Titles Name of Managers Managers		5	Street Address Managing Membr	s of Each er/Manager	City / State / Zip		
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ngrm	me Bonald, Erie J	1.03	1 mt. Vevi	non Cir	Jacksonville	FL DODIN	
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	· .ı		11)00	ena Itz			
11. I certif	ify that I am managing member/manager or t	the receiver or trustee e	mpowered to execute	this application as provid	ed for in chapter 608, F.S. I furthe	er certify that when	
all fees	this reinstatement application the reason for descrived by the fimited liability company have l	lissolution has been elim been paid. The informati	sinated, the limited liabi ion indicated on this ap	tity company name satisfi plication is true and accur	es the requirements of section 606 rate, and my signature shall have t	t.406, F.S., and that he same legal effect	
as if m	made under oath.	1		/ /			
Signature o	of Member/Manager	Miller	∕ Dat	e 429/04	Daylime Phone # 904-	762-7851	
			7	_ 			

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EJM BUILDERS7031 Mt. Vernon Circle
Jacksonville, FI.
32210

June 29, 2004

Division of Corporations Registration Section P. O. Box 6327 Tallahasse, Fl.32314

To Whom It May Concern:

I have enclosed the reinstatement form along with the \$100.00 fee. I never received any correspondence, due to incorrect address. Please correct my address to: 7031 Mt. Vernon Circle, Jacksonville, Florida, 32210. If you have any questions or require any additional information, please contact me at 904-962-4837.

Thank you,

Eric J. McDonald REGISTERED agent