

L02000021915

FILED

2003 OCT 23 PM 2:42

DIVISION OF CORPORATIONS  
TALLAHASSEE, FLORIDA

LIMITED LIABILITY  
COMPANY  
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE  
Secretary of State  
DIVISION OF CORPORATIONS

DOCUMENT # L02000021915

1. Limited Liability Company's Name  
Ace Construction Group, LLC

100024028801  
10/23/03--01010--020 \*\*155.00

2. Principal Office Address 1552 Boren Drive Suite, Apt. #, etc. 300 City & State Ocoee, FL Zip 34761 Country USA		3. Mailing Office Address 17919 Simms Road Suite, Apt. #, etc. City & State Odessa, FL Zip 33556 Country USA	
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4. State/Country of Formation	
5. Date Organized or Qualified To Do Business in Florida Aug. 26, 2002	
6. FEI Number 13-4209561	Applied For Not Applicable
7. CERTIFICATE OF STATUS DESIRED <input checked="" type="checkbox"/> \$5.00 Additional Fee required for a Certificate of Status	

8. Name and Address of Current Registered Agent

Name  
Param S. Bhullar

Street Address (P.O. Box Number is Not Acceptable)  
17919 Simms Road

Suite, Apt. #, Etc.

City  
Odessa

State  
FL

Zip Code  
33556

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

Date  
Oct. 16, 2003

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	Singh, Guraman	17919 Simms Road	Odessa, FL, 33556
MGR	Bhullar, Param	17919 Simms Road	Odessa, FL, 33556

**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

Date  
10/16/03

Daytime Phone #

Typed or printed name of signing Managing Member/Manager  
Singh, Guraman

CR2E041 (10/02)