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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 | |
|--|--|--|--|

| | |
|---|-------------------------------|
| 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 Date Oct. 16, 2003

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