LIMITED LIABILITY COMPANY REINSTATEMENT

FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS

O4 APR AM 10: 1

DOCU	MENT	"# L020000278	887	`**//,	MASSEE. FLORIDA			
		ity Company's Nan		1	.c. ELOR	VE.		
		STRUCTION () FL.LLC	1 / 4	-1/	$\mathcal{O}_{\mathcal{A}}$	
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				০				
2. Principal Office Address			3. Mailing Office Address		4. State/Country of Formation			
	1227 FREMONT PARK AVENUE		1227 FREMONT PARK AVENUE		Florida 5 Data Organizad or Qualified			
Suite, Apt, #, etc.		Suite, Apt, #, etc.		5. Date Organized or Qualified To Do Business in Florida 10/22/2002				
City & S	State		City & State		6. FEI Number Applied For			
ORLANI	DO, FL		ORLANDO, FL		27-0033817	27-0033817 Not Applicable		
Zip 32808		County	Zip 32808	County	7. CERTIFICATE OF STAT	TUS DESIRED 🗌	\$5.00 Additional Fee required for a Certificate of Status	
8. Name and Address of Current Registered Agent								
	Name							
L	DERON					······································		
	Street Address (P.O. Box Number is NOT Acceptable)					JU3198)401053	95690 -002 **100.00	
F	1227 FREMONT PARK AVENUE							
	Suite, A	Apt. #, etc.				1		
City					State Zip Code			
1	ORLAN	DO .				FL 328		
9. I being appointed the registered agent of the above named limited hability company, am familiar with and accept the obligations of Chapter 608, F.S.								
Signature of Registered Agent REGISTERED AGENT MUST SIGN Date 3/31/04								
			REGISTIERE	FAGENT MUST SIGN	1	<u> </u>		
10. Nan	mes and S	Street Addresses of	Managing Member	s/Managers				
Titles Name Managing Memb				ress of Each ember/Manager		y / State / Zip		
MBR/MGR		DERON D	DERON DAVIS 1227		NT PARK AVENUE	ORLANI	ORLANDO FL 32808	
		-						
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É:					BK	BY		
11. I certify that I am managing member/manager or the receiver or trustee empowered to					<u></u>	avacute this application as provided for in chapter KOR F.C. I further		
cert	tify that wh	hen filing this reinstate	ement application the	reason for dissolution has be	een eliminated, the limited lia	ability company na:	n chapter 608, F.S. I turther ime satisfies the requirements this application is true and	

accurate, and my signature shall have the same legal effect as if made under oath.

Managing Member/Manager

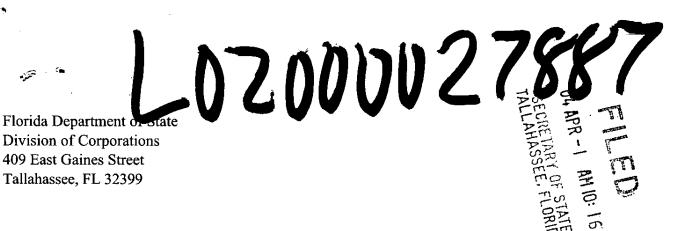
Signature of

Date 3/31/2004

Daytime Phone # 407 656 6106

Type or print name of signing Managing Member/Manager

DERON DAVIS, MBR/MGR by T. Baez as attorney-in-fact



Re: DAVIS CONSTRUCTION OF ORLANDO, FL, LLC

Enclosed are the following:

- 1. Uniform Business Report for the company referenced above.
- 2. \$100.00 check payable to Florida Department of State

We never received the Uniform Business Report for the following year(s) that should have been mailed to us:

2003	
Please waive the late filing fee and treat the comdissolved. Thank you.	pany as never being administratively
10	JY
By: by T. Baez as attorney-in-fact	
Name: DERON DAVIS	
Title: Manager/Member	
Date: $\frac{3/3!}{\sqrt{64}}$	