PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

| LIMITED LIABILITY COMPANY REINSTATEMENT UBR 2003 | FLORIDA DEPARTMENT OF STATE Secretary of State DIVISION OF CORPORATIONS | SECRETARY OF STATE DIVISION OF CORPORATIONS 03 OCT -3 AM 10: 17 |
|---|--|---|
| DOCUMENT # LO2000029450 1. Limited Liability Company's Name CATT Builders L.L.C | | · |
| | | 300023635443 10/08/0301012001 **50.00 |
| 2. Principal Office Address | 3. Mailing Office Address | 10/10/0301015001 **20°00 |
| 605 97th Ave N | 605 97th AVE N. | 4. State/Country of Formation |
| Suite, Apt. #, etc. | Suite, Apt. #, etc. | FLORIDA, U.S. 5. Date Organized or Qualified |
| City 9 State | City & State | To Do Business in Florida 10/30/02 |
| City & State NAPLES FL. | NAPLES FL | 6. FEI Number Applied For Not Applicable |
| Zip Country | Zip Country | 7. SECTIFICATE OF STATUS DECIDED 17 55.00 Additional Fee required |
| 34108 U.S | 34108 U.S | tor a Certificate of Status |
| 8. Name and Address of Current Registered Agent Name | | |
| PATRICK J AMORE | | |
| Street Address (P.O. Box Number is Not Acceptable) | | |
| Suite, Apt. #, Etc. | | |
| City Zip Code | | |
| NAPLES YFL 34108 | | |
| 9. I, being appointed the registered agent of the above ramed limited liability company, am familiar with and accept the obligations of Chapter 608, F.S. | | |
| Signature of Registered Agent Agent REGISTERED AGENT MUST SIGN | | Oate 10/02/03 |
| 10. Names and Street Addresses of Managing Members/Managers | | |
| Titles Name of Managing Members/Manag | Street Address of Each Managing Member/Managing Member/Membe | |
| MGR PATRICK I 1 | Amore 97th Ave N. | NAPLES, FL 34108 |
| MGRM DAN TOUW | 515 92ND ST | ENDPLS: IN 46260 |
| MGRM Jim Taylor | 9265 DOUBLOOM | J R. INDPS, IN 46268 |
| MERM ED CASTON | 2 7326 E. 715T | ENOPIS, IN 46256 |
| | | |
| 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 fling 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 flability 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 PATRICK J AMORE Signature of Managing Member/Manager PATRICK J AMORE | | |
| Typed or printed name of signing Managing Member/Manager PATRICK J AMORE | | |

DEPARTMENT OF STATE

CATT Builders LLC NEUR

recisues UBR Notice.

THANK-YOU

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