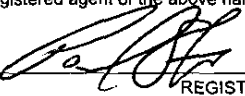PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM

*L020000 33593*

LIMITED LIABILITY COMPANY REINSTATEMENT

FLORIDA DEPARTMENT OF STATE
Secretary of State
Division of Corporations

FILED STATE
SECRETARY OF STATE
DIVISION OF CORPORATIONS
04 APR -7 1:14

LR 04/20/04

DOCUMENT # LO20000 33 593

**1.** Limited Liability Company's Name

STEIDLE BROS. CONSTRUCTION, LLC

REINSTATEMENT 2003-2004

40003225 1054
04/09/04--01014--020  **200.00

| **2.** Principal Office Address | **3.** Mailing Office Address | |
|---|---|---|
| 3503 SR 419 | 610 Baywood Court | **4.** State/Country of Formation: Seminole |
| Suite, Apt. #, etc. Suite 100 | Suite, Apt. #, etc. | **5.** Date Organized or Qualified To Do Business in Florida  12/13/2002 |
| City & State Winter Springs Florida | City & State Lake Mary Florida | **6.** FEI Number 04-3734702 — Applied For / Not Applicable |

| Zip 32708 | Country Seminole | Zip 32746 | Country Seminole | **7.** CERTIFICATE OF STATUS DESIRED ☐  $5.00 Additional Fee required for a Certificate of Status |

**8.** Name and Address of Current Registered Agent

Name: Paul Steidle

Street Address (P.O. Box Number is Not Acceptable): 619 Mourning Dove Circle

Suite, Apt. #, Etc.

| City Lake Mary | State FL | Zip Code 32746 |

**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 4/7/2004

**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 |
|---|---|---|---|
| MGM | Paul Steidle | 619 Mourning Dove Circle | Lake Mary FL 32746 |
| | | | |
| | | | |
| | REINSTATEMENT | 2003-2004 | |
| | | | |
| | | | |

**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 4/7/2004  Daytime Phone # 407-327-4790

Typed or printed name of signing Managing Member/Manager  Paul Steidle