


2004 LIMITED LIABILITY COMPANY REINSTATEMENT

DOCUMENT # L03000003839	
1. Entity Name SCOTT HUNTER CONSTRUCTION, LLC.	

FILED

04 OCT 27 PM 1:33

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Principal Place of Business 505 BASIL CT KISSIMMEE, FL 34759 US	Mailing Address 505 BASIL CT KISSIMMEE, FL 34759 US
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2. Principal Place of Business 2704 Willow Glen Circle Suite, Apt. #, etc.	3. Mailing Address 2704 Willow Glen Circle Suite, Apt. #, etc.
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10202004 REIN-LLC CR2E101(6/04)

City & State Kissimmee FL	City & State Kissimmee FL	4. FEI Number 03-0504360	Applied For Not Applicable
Zip 34744	Country USA	Zip 34744	Country USA

5. Certificate of Status Desired <input type="checkbox"/>	\$5.00 Additional Fee Required
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6. Name and Address of Current Registered Agent HUNTER, SCOTT 505 BASIL CT KISSIMMEE, FL 34759	7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code
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8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.	
SIGNATURE <u>Scott Hunter</u>	DATE <u>10-24-04</u>
(NOTE: Registered Agent signature required when reinstating)	

FILE NOW!!! FEE IS \$50.00 After January 1, 2005, Fee will be \$100.00	In accordance with s. 607.193(2)(b), F.S., the limited liability company did not receive the prior notice.	Make check payable to Florida Department of State
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9. MANAGING MEMBERS / MANAGERS		10. ADDITIONS / CHANGES	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM HUNTER, SCOTT 505 BASIL CT KISSIMMEE, FL 34759 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	800042239568 10/27/04--01020--008 **50.00 <input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM BOSSINGER, JOHN 505 BASIL CT KISSIMMEE, FL 34759 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM POWELL, JOSHUA 505 BASIL CT KISSIMMEE, FL 34759 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

11. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am a managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.	
SIGNATURE: <u>Scott Hunter</u>	DATE <u>10-24-04</u> DAYTIME PHONE # <u>321-284-6360</u>
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE	