

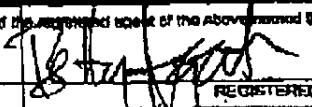
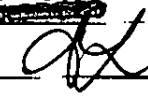
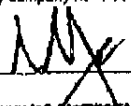
11/06/2007 12:00 FAX

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PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM

LIMITED LIABILITY COMPANY REINSTATEMENT		 FLORIDA DEPARTMENT OF STATE Secretary of State DIVISION OF CORPORATIONS		2007 NOV -6 A 10: 38 SECRETARY OF STATE TALLAHASSEE, FLORIDA	
DOCUMENT # L03000016486 1. Limited Liability Company's Name MARE BUILDING COMPANY, LLC					
2. Principal Office Address - No. P. O. Box # 110 DAVINCI DR.		3. Mailing Office Address P.O. BOX 1375		4. State/Country of Formation FL	
City & State NOKOMIS, FL		Suite, Apt. #, etc. 		5. Date Organized or Qualified To Do Business in Florida 5/7/03	
Country USA		City & State OSPREY, FL		6. FEE Number 56-2386727	
Zip 34275		Zip 34229		Applied For ☐ Not Applicable	
Country USA		Country USA		7. CERTIFICATE OF STATUS DESIRED ☐ \$5.00 Additional Fee required for a Certificate of Status	
8. Name and Address of Current Registered Agent T&H COMPTROLLERS, INC. 200 CAPRI ISLES BOULEVARD SUITE 2 VENICE					
☐ A \$100 reinstatement fee is imposed, except in circumstances which the entity did not receive the prior notices. By checking this box, you are certifying the prior notices were not received and requesting the \$100 reinstatement be waived.					
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 10/31/2007 REGISTERED AGENT MUST SIGN					
10. Names and Street Addresses of Managing Members/Managers					
Title	Name of Managing Members/Managers	Street Address of Each Managing Member/Manager	City / State / Zip		
MGR	ALAN JAMES	110 DAVINCI DR.	NOKOMIS, FL 34275		
REINSTATEMENT 06-07 					
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 608.408, 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 it made under oath.					
Signature of Managing Member/Manager 		Date 10/31/07		Daytime Phone 941-321-3175	
Typed or printed name of signing Managing Member/Manager Alan James					

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Florida Department of State
Division of Corporations
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2nd
Request

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LIMITED LIABILITY REINSTATEMENT

MARE BUILDING COMPANY, LLC

Certificate of Status	0
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