PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

LIMITED LIABILITY COMPANY REINSTATEMENT

FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
05 OCT 21 AM 10:21

DOCUMENT # L03000017712

1. Limited Liability Company's Name
MERO CUSTOM CONSTRUCTION, LLC

CR2E041 (8/05)

2. Principal Office Address	3. Mailing Office Address
4081 Heaton Terr.	SAME
Suite, Apt. #, etc. N/A	Suite, Apt. #, etc.
City & State NORTH PORT, FL.	City & State
Zip 34286 Country U.S.A.	Zip Country

4. State/Country of Formation FLORIDA. U.S.A.

5. Date Organized or Qualified To Do Business in Florida 5-16-2003

6. FEI Number 73-1667102 ☐ Applied For ☐ Not Applicable

7. CERTIFICATE OF STATUS DESIRED ☒ $5.00 Additional Fee required for a Certificate of Status

8. Name and Address of Current Registered Agent

Name: STRATTON & FEINSTEIN P.A.
200061304782
11/10/05--01003--003 **200.00

Street Address (P.O. Box Number is Not Acceptable): 407 LINCOLN ROAD
REINSTATEMENT 04-05

Suite, Apt. #, Etc.: 2A

City: MIAMI BEACH State: FL Zip Code: 33139

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: SEE ATTACHED
REGISTERED AGENT MUST SIGN

Date

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
MGR	JORGE L. ROMERO	4081 HEATON TERR.	NORTH PORT, FL. 34286
PTNR	JORGE CASINELLI	12420 SW 22 TERR.	MIAMI, FL. 33175
~~MM~~	~~STRATTON & FEINSTEIN, PA~~	~~407 Lincoln Road~~	~~Miami Beach, FL. 33139~~
		200061304782 11/10/05--01003--004 **5.00	

ppl call to Mr. Romero 11-8-05 @ 9:30 AM.

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: Romero Date: 10/19/05 Daytime Phone #: 941-258-0031

Typed or printed name of signing Managing Member/Manager: JORGE L. ROMERO