

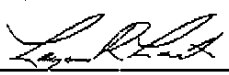


PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

CRZE041 (8/05)

LIMITED LIABILITY COMPANY REINSTATEMENT		 FLORIDA DEPARTMENT OF STATE Secretary of State DIVISION OF CORPORATIONS	
DOCUMENT # L03000024710			
1. Limited Liability Company's Name LANTES CONSTRUCTION SERVICES LLC			
2. Principal Office Address 1001 N MACDILL AVE		3. Mailing Office Address 1001 N MACDILL AVE	
Suite, Apt. #, etc. STE B		Suite, Apt. #, etc. STE B	
City & State TAMPA, FL		City & State TAMPA, FL	
Zip 33607	Country USA	Zip 33607	Country USA
4. State/Country of Formation FLORIDA		5. Date Organized or Qualified To Do Business in Florida 07/01/2003	
6. FEI Number 51-0473761		Applied For <input type="checkbox"/> Not Applicable <input type="checkbox"/>	
7. CERTIFICATE OF STATUS DESIRED <input type="checkbox"/> \$5.00 Additional Fee required for a Certificate of Status			
8. Name and Address of Current Registered Agent			
Name LAZARO LANTES			
Street Address (P.O. Box Number is Not Acceptable) 1001 N MACDILL AVE			
Suite, Apt. #, Etc. STE B			
City TAMPA		State FL	Zip Code 33607
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 03/13/2006	
REGISTERED AGENT MUST SIGN			
10. Names and Street Addresses of Managing Members/Managers			
Title	Name of Managing Member/Managers	Street Address of Each Managing Member/Manager	City / State / Zip
MGRM	LANTES, LAZARO R	1001 N MACDILL AVE STE B	TAMPA, FL 33607
MGRM	LANTES, ROLANDO J	1001 N MACDILL AVE STE B	TAMPA, FL 33607
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 03/13/06 Daytime Phone #	
Typed or printed name of signing Managing Member/Manager LAZARO R LANTES			

REINSTATEMENT 04-06
AL

Division of Corporations

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To:

Division of Corporations
Fax Number : (850) 205-0383

From:

Account Name : CONTRACTORS REPORTING SERVICES, INC.
Account Number : I20050000099
Phone : (813) 932-5244
Fax Number : (813) 932-3782

LIMITED LIABILITY REINSTATEMENT

LANTES CONSTRUCTION SERVICES LLC

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