PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

LIMITED LIABILITY COMPANY REINSTATEMENT	Secreta	RTMENT OF STATE try of State corporations	07 MAR -	LED 8 PM 3: 56		
DOCUMENT# L0300029170 1. Limited Liability Company's Name Coral Stove Builders LLC				KY OF STATE SEE.FLORIDA		
2. Principal Office Address - No P.O. Box # 3. Mailing Of		ffice Address		CR2E041 (1/07)		
10875 131 54. 1087				ntry of Formation		
Suite, Apt. #, etc. Suite, Apt. #,			5. Date Organized or Qualified			
City & State Largo FL. Largo		FL.	To Do Business in Florida 6. FEI Number 20-0626057 Not Applied For			
33774 USA	3377 4	Country	7. CERTIFICATE	OF STATUS DESIRED	\$5.00 Additional Fee required for a Certificate of Status	
8. Name and Address of Current Registered Agent						
Larry Bang				✓ A \$100 reinstatement fee is imposed, except		
Street Address (P.O/Box Number is Not Acceptable) 1 0 8 7 5 13 1 5 + . Suite, Apt. #, Etc.		receive box, yo not re		cumstances which the entity did not e the prior notices. By checking this ou are certifying the prior notices were eccived and requesting the \$100		
City Large State S				reinstatement be waived.		
9. 1, 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 REGISTERED AGENT MUST SIGN						
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		
manager Larry Bang		175 131 54.	131 st.		FL. 33774	
member Tom Irving	114	17 84 Ave	No.	Seminola 1	FL. 33772	
				10092371	160 8.**155.00	
REINSTATE	EMENT					
2005-2007						
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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 3-8-07 Daytime Phone # 227 776 - 7940						
Typed or printed name of signing Managing Member/Manager						