


PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

LIMITED LIABILITY COMPANY REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED

2004 OCT 25 AM 8:06

DIVISION OF CORPORATIONS
TALLAHASSEE, FLORIDA

DOCUMENT # LO3000047224
1. Limited Liability Company's Name RICHARD BRANTLY CONST. "LLC"

2. Principal Office Address <u>1705 Kelley St.</u> Suite, Apt. #, etc.		3. Mailing Office Address <u>1705 Kelley St.</u> Suite, Apt. #, etc.		4. State/Country of Formation <u>FLORIDA</u>	
City & State <u>TLH. FL.</u>		City & State <u>TLH. FL.</u>		5. Date Organized or Qualified To Do Business in Florida <u>11-24-03</u>	
Zip <u>32310</u>	Country <u>LEON</u>	Zip <u>32310</u>	Country <u>LEON</u>	6. FEI Number <u>753137984</u> Applied For Not Applicable	
				7. CERTIFICATE OF STATUS DESIRED <input checked="" type="checkbox"/> \$5.00 Additional Fee required for a Certificate of Status	

8. Name and Address of Current Registered Agent

Name Richard Brantly

Street Address (P.O. Box Number is Not Acceptable)
1705 Kelley St.

Suite, Apt. #, Etc.

City TLH. State FL Zip Code 32310

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 [Signature] Date 10-22-04

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
<u>MEM</u>	<u>Richard Brantly</u>	<u>1705 Kelley St.</u>	<u>TLH. FL. 32310</u>
<u>MEM</u>	<u>Gregory Brantly</u>	<u>1705 Kelley St.</u>	<u>TLH. FL 32310</u>
<u>MEM</u>	<u>Mike Brookshire (Delete)</u>		

REINSTATEMENT 2004

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 [Signature] Date 10-22-04 Daytime Phone # 850-321-1821

Typed or printed name of signing Managing Member/Manager _____

CR2E041 (10/02)