2007 LIMITED LIABILITY COMPANY REINSTATEMENT

FILED
Oct 30, 2007
Secretary of State

DOCUMENT# L03000047832

Entity Name: ANCHOR CONSTRUCTION OF LAKE PLACID, LLC

Current Principal Place of Business:

102 DOVE PLACE
LAKE PLACID, FL 33852 US

New Principal Place of Business:

Current Mailing Address:

P.O. BOX 1708
LAKE PLACID, FL 33862 US

New Mailing Address:

P.O. BOX 355
LAKE PLACID, FL 33862 US

FEI Number: 04-3803727 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**
In accordance with s. 607.193(2)(b), F.S., the limited liability company did not receive the prior notice.

Name and Address of Current Registered Agent:

KARLSON, PAMELA T
531 DEEN BOULEVARD
LAKE PLACID, FL 33852 US

Name and Address of New Registered Agent:

The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

SIGNATURE: PAMELA T. KARLSON
Electronic Signature of Registered Agent Date

MANAGING MEMBERS/MANAGERS:

Title: MGRM ( ) Delete
Name: MULLINS, STEVE H
Address: 102 DAVE PLACE
City-St-Zip: LAKE PLACID, FL 33852 US

Title: MGRM ( ) Delete
Name: WELLS, ROBERT L
Address: 102 DOVE PLACE
City-St-Zip: LAKE PLACID, FL 33852 US

ADDITIONS/CHANGES:

Title: MGRM (X) Change ( ) Addition
Name: MULLINS, STEVE H
Address: #16 TRIANGLE PARK PLAZA
City-St-Zip: LAKE PLACID, FL 33852 US

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my electronic signature shall have the same legal effect as if made under oath; that I am a managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

SIGNATURE: STEVEN H. MULLINS MGRM 10/30/2007
Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date