
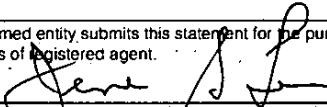
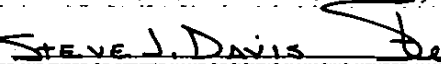


2005 LIMITED LIABILITY COMPANY REINSTATEMENT

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

05 MAR 24 AM 8:16

DOCUMENT # L03000047898 1. Entity Name STEVE J. DAVIS CONTRACTING, LLC																					
Principal Place of Business 508 BAY SHORE DR. SARASOTA, FL 34239			Mailing Address 508 BAY SHORE DR. SARASOTA, FL 34239																		
2. Principal Place of Business		3. Mailing Address																			
Suite, Apt. #, etc.		Suite, Apt. #, etc.																			
City & State		City & State																			
Zip	Country	Zip	Country	03162005 REIN-LLC CR2E101 (6/04) 4. FEI Number 20-0434265																	
5. Certificate of Status Desired <input type="checkbox"/>				<input type="checkbox"/> \$5.00 Additional Fee Required <input type="checkbox"/> Applied For <input type="checkbox"/> Not Applicable																	
6. Name and Address of Current Registered Agent LEVIN, JEROME S ESQ 1680 FRUITVILLE RD, STE 102 SARASOTA, FL 34236			7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City State Zip Code																		
8. 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. I am familiar with, and accept the obligations of registered agent. SIGNATURE:  Jerome S. Levin DATE: 3/21/05 <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>																					
FILE NOW!!! FEE IS \$100.00		In accordance with s. 607.193(2)(b), F.S., the limited liability company did not receive the prior notice.		Make check payable to Florida Department of State																	
9. MANAGING MEMBERS/MANAGERS <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width: 30%;">TITLE</td> <td style="width: 70%;">Delete <input type="checkbox"/></td> </tr> <tr> <td>NAME</td> <td></td> </tr> <tr> <td>STREET ADDRESS</td> <td></td> </tr> <tr> <td>CITY-ST-ZIP</td> <td></td> </tr> </table>			TITLE	Delete <input type="checkbox"/>	NAME		STREET ADDRESS		CITY-ST-ZIP		10. ADDITIONS/CHANGES <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width: 30%;">TITLE</td> <td style="width: 70%;">Change <input type="checkbox"/> Addition <input checked="" type="checkbox"/></td> </tr> <tr> <td>NAME</td> <td>manager</td> </tr> <tr> <td>STREET ADDRESS</td> <td>Steve J. Davis</td> </tr> <tr> <td>CITY-ST-ZIP</td> <td>508 Bay Shore Dr. Sarasota, FL 34239</td> </tr> </table>			TITLE	Change <input type="checkbox"/> Addition <input checked="" type="checkbox"/>	NAME	manager	STREET ADDRESS	Steve J. Davis	CITY-ST-ZIP	508 Bay Shore Dr. Sarasota, FL 34239
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11. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my 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:  Steve J. Davis <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE</small>				Date: 16 March 05 Daytime Phone #: 941-728-0940																	