## 2004 LIMITED LIABILITY COMPANY REINSTATEMENT

DOCUMENT # L03000052720 5  1. Entity Name SWC CONSTRUCTION LLC			FILED 05 JAN 10 PM 3: 57	
Principal Place of Business  5161 NE 14TH TERR  FOMPANO BEACH FL, FL 33064  Mailing Address  5161 NE 14TH TERR  POMPANO BEACH FL, FL 33064  Mailing Address  5161 NE 14TH TERR  POMPANO BEACH FL, FL 33064			SEGNETALY OF STATE TALLAHASSEE FLORIDA	
Principal Place of Business     Address     Mailing Address				
Suite, Apt. #, etc. Suite, Apt. #, etc.		······································	12152004 REIN-LLC CR2E101 (6/04)	
City & State	State City & State		4.FEI Number Applied for Not Applied for Not Applied by	
Zip Country	Zip	Country	5. Certificate of Status Desired \$5.00 Additional Fee Required	
6. Name and Address of Current	Registered Agent	Name	7. Name and Address of New Registered Agent	
CHENG, SERENE W 5161 NE 14TH TERR POMPANO BEACH, FL 33064		Street Addres	Street Address (P.O. Box Number is Not Acceptable)	
		City	FL 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, typed or printed name of registered agent a	and title inapplicable. (NOTE	E: Registered Agent signature re	equired when reinstating) DATE	
FILE NOW!!! FEE IS \$150.00 After January 1, 2005, Fee will be \$200.00			Make check payable to Florida Department of State	
9. MANAGING MEMBE		10.	ADDITIONS/CHANGES	
NAME CHENG, SERENE W STREET ADDRESS CITY-ST-ZIP POMPANO BEACH, FL 33064	☐ Delate	TITLE NAME STREET ADDRESS CITY-ST-ZIP	. ☐ Change ☐ Additio	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Additio	
NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete —	TITLE NAME STREET ADDRESS CITY-ST-ZIP.	☐ Change ☐ Addilk	
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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:  SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE  Dails  Daystro Proce #				