## PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

LIMITED LIABILITY COMPANY REINSTATEMENT	FLORIDA DEPARTMENT OF STAT Secretary of State DIVISION OF CORPORATIONS	E			
DOCUMENT # LO30000 5435.  1. Limited Liability Company's Name  T+B Sub contractors LLC		2005 APR 13 P 3: 17			
		SE TAL	CRETARY OF STATE LAHASSEE, FLORIDA		
2. Principal Office Address	3. Mailing Office Address			•	
6 Almord Pl	SAME	4. State/Cour	4. State/Country of Formation		
Suite, Apt. #, etc.	etc. Suite, Apt. #, etc.		5. Date Organized or Qualified		
City & State	City & State		tness in Florida	1 1	
OCALA, F-1		6. FEI Number	951130	Applied For Not Applicable	
34472 Country MARION	Zip Country	7.	S5.00 A	additional Fee required Certificate of Status	
8. Name and Address of Current Registered Agent					
Jose E Vera					
Street Address (P.O. Box Number is Not Acceptable)  A Place					
Suite, Apt. #, Etc.	THOUGHT THE	<del></del> ,			
- City Ocala State Zip Code FL 3 4472					
9. I, being appointed the registered agent of the abo	we named limited liability company, am familiar with	and accept the obliga	<u> </u>		
Signature of Registered Agent Date 4-11-05					
10. Names and Street Addresses of Managing Mer					
Titles Name of Managing Members/ Manag	Street Address of	Street Address of Each Managing Member/ Manager		City / State / Zip	
Ouden -		6 Almond Pl		Ocala, F1 34472	
Fre Jose E Ver	en 6 Almond T	2/	Ocala, FI	34472	
TAB Jose E Ver	en 6 Almond T				
TAB JOSE E VER	ep 6 Almond T	80	Ocala, F1 1005392610 10501066012 *	08	
TAB JOSE E VER		80 05/05	005392610 0501066012 *	08	
TFB JOSE E VER		80	005392610 0501066012 *	)8 *200.00	
THE JOSE E VER		80 05/05	005392610 0501066012 *	)8 *200.00	
11. I certify that I am managing member/manager of filing this reinstatement application the reason to all fees owed by the limited liability company hav as if made under oath.	វិប.	B10 05/05	005332610 0501066012 *	18 *200, 00 *certify that when 406, F.S., and that	
11. I certify that I am managing member/manager of filing this reinstatement application the reason for all fees owed by the limited liability company have	or the receiver or trustee empowered to execute this r dissolution has been eliminated, the limited liability e been paid. The information indicated on this applic	Sapplication as provide company name satisfication is true and accurrent	005332610 0501066012 *	#200,00  r certify that when 406, F.S., and that he same legal effect	