2005

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

LIMITED LIABILITY COMPANY

FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

FILED
05 APR 18 AM 10:53
SECRETARY OF STATE
TALLAHASSEE FLORIDA

DOCUMENT # L03000054743

1. Limited Liability Company's Name
Colchado Angel Construction, L.L.C.

100054112351
05/09/05--01070--028 **50.00

2. Principal Office Address	3. Mailing Office Address
241 N Main Ave	241 N Main Ave
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: Groveland Fl	City & State: Groveland Fl
Zip: 34736 Country: U.S.A	Zip: 34736 Country: U.S.A.

4. State/Country of Formation: Florida

5. Date Organized or Qualified To Do Business in Florida: Dec 19 2003

6. FEI Number: 80-0022421 ☐ Applied For ☐ Not Applicable

7. CERTIFICATE OF STATUS DESIRED ☐ $5.00 Additional Fee required for a Certificate of Status

8. Name and Address of Current Registered Agent

Name: Angel Colchado

Street Address (P.O. Box Number is Not Acceptable): 241 N Main Ave

Suite, Apt. #, Etc.:

City: Groveland Fl State: FL Zip Code: 34736

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: Angel Colchado Date: 4/12/05
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
Mgr.	Angel Colchado Jr.	241 N Main Ave	Groveland Fl 34736
Mgr.	Rebecca Goodwin	241 N Main Ave	Groveland Fl 34736
Managing Member	Angel Colchado Sr	244 N Main Ave	Groveland Fl 34736
Managing Member	Francisco Suarez Colchado	13216 Villa Vista Dr Unit 101	Orlando Fl 32824

4/12/05

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 608.408, 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: Angel Colchado Rebecca Goodwin Francisco Suarez Date: 4/12/05 Daytime Phone # (407) 470-4849

Typed or printed name of signing Managing Member/Manager: Angel Colchado, Rebecca Goodwin, Angel Colchado Francisco Suarez Colchado