2004 LIMITED LIABILITY COMPANY REINSTATEMENT

REINSTATEMENT							CA				
1. Entity Narr	ne	# L030000556			ED	2					
L. LOPEZ CONSTRUCTION, LLC						Or NOA -	9 PM 1:5	C			
Principal Plac	e of Business	<u> </u>		SECKLIA	RY OF 31A SSEE.FLOR	AĞİ					
1841 SW 64 POMPANO B		3068 US	Mailing Address 1841 SW 64 AVENUE POMPANO BEACH, FL 33068 US			FALLANA	30000				
2. Principal P	Done of Duck										
_	Same	í .	3. Mailing Address Same as above				1116				
Suite, Apt.	#, etc.		Suite, Apt. #, etc.			10202004	REIN-LLC	CR2E101	(6/04)		
City & State			City & State			4. FEI Number			App	olied For	
Zip Country			Zip Country			20-0	523082	Ø5		Applicable	
					,	5. Certificate o	f Status Desired	Fee	00 Addi Required	tional	
•	6. Name	and Address of Current F	Registered Agent	Name ,	7. Name and Address of New Registered Agent						
LOPEZ, LU		·-		n			C. (P.O. Box Number is Not Acceptable)				
1841 SW 6		FL 33068		Street Address			is Not Acceptable)				
					City						
						FL Zip Code				1	
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 Some Regre Luis R. Lopez 10/20/04											
Signature, typed or printed name of registered agent and little if applicable. (NOTE: Registered Agent signature required when reinstating)											
FILE NOWIII FEE IS \$50.00 In accordance with s. 607.193(2)(b), F.S., the limited Make check payable to											
After January 1, 2005, Fee will be \$100.00 liability company did not receive the prior notice. Florida Department of State										17500	
9.		MANAGING MEMBER		10.			ADDITIONS/0				
TITLE NAME	MGR LOPEZ, LI	UIS	☐ Delete	TITU		70	100426	3053:	Change —	☐ Addition	
STREET ADDRESS	1	64 AVENUE			ET ADDRESS	700042605387 11/09/0401067002 **55.00				00	
CITY-ST-ZIP	MGR	O BEACH, FL 33068	☐ Delete		-ST-ZIP				Change	C Addition	
NAME	1	ILLA, ELEVI	☐ Delete TITLE NAME					Ц	Change	Addition	
STREET ADDRESS CITY-ST-ZIP	1	52 AVENUE, #212			ET ADORESS -ST-ZIP						
TITLE	NORTH	AUDERDALE, FL 3306	Delete	-31-21F				Change	Addition		
NAME	N				Ē						
STREET ADDRESS CITY-ST-ZIP					ET ADDRESS - ST- ZiP						
TITLE		••	☐ Delete	TITU	E				Change	Addition	
NAME STREET ADDRESS				NAM STRE	E ET ADDRESS						
CITY-ST-ZIP					-ST-ZIP						
TITLE		•	☐ Delete	TITLE					Change	Addition -	
NAME STREET ADDRESS				NAM STRE	Apres N. C	TATE	rat Nit	7/18	7 34.5		
CITY-ST-ZIP				CITY	MLING	MIL	MEN	STO .	<u> </u>	•	
TITLE NAME	The comments of the comments o		☐ Delete	TITLS					Change 2	Addition	
STREET ADDRESS					ET ADDRESS						
CITY ST-ZIP			this Class alone and the Control of	L	-ST-ZIP	nation 140 07/00/0	Floride Claters 11	further as all all	not the let	formation	
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: A La Porce Deplace 10-20-04											
SIGNATURE: 10-10-04 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Oats Daytime Phone #											