


2004 LIMITED LIABILITY COMPANY REINSTATEMENT

DOCUMENT # L03000055651 1. Entity Name L. LOPEZ CONSTRUCTION, LLC						<div style="font-size: 24px; font-weight: bold; margin-bottom: 10px;">FILED</div> <div style="font-size: 18px; margin-bottom: 10px;">04 NOV -9 PM 1:52</div> <div style="font-size: 14px;">SECRETARY OF STATE TALLAHASSEE, FLORIDA</div>	
Principal Place of Business 1841 SW 64 AVENUE POMPANO BEACH, FL 33068 US				Mailing Address 1841 SW 64 AVENUE POMPANO BEACH, FL 33068 US			
2. Principal Place of Business Same as above				3. Mailing Address Same as above			
Suite, Apt. #, etc. 				Suite, Apt. #, etc. 			
City & State 				City & State 			
Zip 		Country 		Zip 		Country 	
6. Name and Address of Current Registered Agent LOPEZ, LUIS 1841 SW 64 AVENUE POMPANO BEACH, FL 33068				7. Name and Address of New Registered Agent Name n/a 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 <u><i>Luis R. Lopez</i></u> Luis R. Lopez <u>10/20/04</u> <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>							
FILE NOW!!! FEE IS \$50.00 After January 1, 2005, Fee will be \$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				10. ADDITIONS/CHANGES			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR LOPEZ, LUIS 1841 SW 64 AVENUE POMPANO BEACH, FL 33068 <input type="checkbox"/> Delete			TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition 700042605387 11/09/04--01067--002 **55.00		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR QUINTANILLA, ELEVI 1201 SW 52 AVENUE, #212 NORTH LAUDERDALE, FL 33068 <input type="checkbox"/> Delete			TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete			TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete			TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition		

REINSTATEMENT

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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: *Luis R. Lopez* **Luis R. Lopez** 10-20-04
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #