2004 LIMITED LIABILITY COMPANY
REINSTATEMENT

FILED
04 DEC 30 AM 11:52
SECRETARY OF STATE
TALLAHASSEE FL

12192004 REIN-LLC CR2E101 (6/04)

DOCUMENT # L03000057356

1. Entity Name
GEORGIA BOYS CONSTRUCTION, LLC

Principal Place of Business	Mailing Address
264 MOCCASIN CIRCLE HAVANA, FL 32333	264 MOCCASIN CIRCLE HAVANA, FL 32333

2. Principal Place of Business	3. Mailing Address
6753 Thomasville Rd #108 Suite, Apt. #, etc.	6753 Thomasville Rd, #108 Suite, Apt. #, etc.
City & State: Tallahassee Fla.	City & State: Tallahassee Fla.
Zip: 32312 Country: Leon	Zip: 32312 Country: Leon

4. FEI Number 841635339 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☑ $5.00 Additional Fee Required

6. Name and Address of Current Registered Agent

WEEKLEY, RICHARD A
264 MOCCASIN CIRCLE
HAVANA, FL 32333

7. Name and Address of New Registered Agent

Name: Ronan J. Selva
Street Address (P.O. Box Number is Not Acceptable): 6753 Thomasville RD #108
City: Tallahassee FL Zip Code: 32312

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: RONAN J SELVA [signature] DATE: 12-28-4
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

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 MEMBERS/MANAGERS			10. ADDITIONS/CHANGES		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM WALKER, FRED C 2968 PIERCE CHAPEL ROAD CAIRO, GA 398275438	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	300043808193 01/03/05--01046--002 **155.00	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	2004	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	REINSTATEMENT 12/30 MS	☐ Change ☐ Addition

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: Fred C. Walker
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #