PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

SECRETARY OF STATE DIVISION OF CORPORATIONS LIMITED LIABILITY FLORIDA DEPARTMENT OF STATE **COMPANY** Secretary of State 06 DEC 29 AM 8: 32 REINSTATEMENT DIVISION OF CORPORATIONS DOCUMENT # L0400000515 1. Limited Liability Company's Name JTH CONSTRUCTION LLC CR2E041 (8/05) 2. Principal Office Address 3. Mailing Office Address 36015W 54th Court 3601 SW SYTH COWT State/Country of Formation Suite, Apt. #, etc. FLORIDA Suite, Apt. #, etc. 5. Date Organized or Qualified 12/24/2003 To Do Business in Florida City & State City & State 6. FEI Number Applied For Ocala Florida Ocala Floriba 582680290 Not Applicable Country Country \$5.00 Additional Fee required 34474 CERTIFICATE OF STATUS DESIRED us 34474 $2 \mathcal{U}$ for a Certificate of Status 8. Name and Address of Current Registered Agent WALTER TREVETTE HORNBERGER Street Address (P.O. Box Number is Not Acceptable) 3601 Sw 54th Court Suite, Apt. #, Etc. State Zip Code Cala FL 34474 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 12/18/06 revette Hanberger Registered Agent REGISTERED AGENT MUST SIGN 10. Names and Street Addresses of Managing Members/Managers Name of Managing Members/Managers Street Address of Each Managing Member/Manager Titles City / State / Zip alter Trevette Hornberger 3601 Sw 54 Court MGR Ocala F1 34474 Joan Marie Hornberger mer 3601 SW 54 COURT Ocala F1 34474 100092815691 12/28/06--01018--001 **205.00 2005-06 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 608.406, 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. revelle Homberger 12/18/06 Daytime Phone # 3528731980 Managing Member/Manager Typed or printed name of signing Managing Member/Manager WALTER TREVETTE HORNBERGER