## 2006 LIMITED LIABILITY COMPANY REINSTATEMENT

## SECRETARY OF STATE DIVISION OF CORPORATIONS DOCUMENT # L04000004200 .06 NOV.15 AM 9:27 HEAVENLY ARCHITECTURE, LLC Principal Place of Business Mailing Address MR. JOHN TERMOTTO MR. JOHN TERMOTTO 5435 SEA BISCUIT RD 5435 SEA BISCUIT RD PALM BEACH GARDENS, FL 33418 PALM BEACH GARDENS, FL 33418 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. 10182006 REIN-LLC CR2E101 (11/05) City & State City & State 4. FEI Number Applied For 20-0642778 Not Applicable Zip Country Country \$5.00 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent TERMOTTO, JOHN Street Address (P.O. Box Number is Not Acceptable) 5435 SEA BISCUIT RD PALM BEACH GARDENS, FL 33418 City Zip Code FL 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 SIGNATURE Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) Make check payable to In accordance with s. 607.193(2)(b), F.S., the limited FILE NOW!!! FEE IS \$50.00 After January 1, 2007, Fee will be \$100.00 liability company did not receive the prior notice. Florida Department of State MANAGING MEMBERS/MANAGERS ADDITIONS/CHANGES 9. 10. MGRM ☐ Delete ☐ Change ☐ Addition TITLE IME TERMOTTO, JOHN NAME NAME 700081774807 11/15/06--01003--006 \*\*50 STREET ADDRESS 5435 SEA BISCUIT ROAD STREET ADDRESS \*\*50.00 CITY-ST-ZIP PALM BEACH GARDENS, FL 33418 CITY-ST-ZIP MGR ☐ Change ■ Addition TITLE Delete TITLE TERMOTTO, AMANDA NAME NAME STREET ADDRESS 5435 SEA BISCUIT ROAD STREET ADDRESS PALM BEACH GARDENS, FL 33418 CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete ☐ Addition TITLE TITLE TUSTIBILITIESTER NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Addition ☐ Change ☐ Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP ☐ Addition ☐ Delete ☐ Change TITLE TITLE

11. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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.

NAME

STREET ADDRESS

CITY-ST-ZIP

NAME STREET ADDRESS

CITY-ST-ZIP

06 (56) Terzmotto SIGNATURE: OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date