

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

FILED

2007 APR 30 AM 10:42

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

CR2E041 (1/07)

**LIMITED LIABILITY COMPANY REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE  
Secretary of State  
DIVISION OF CORPORATIONS

DOCUMENT # L04000008207  
1. Limited Liability Company's Name  
Ed Wallace Construction LLC

2. Principal Office Address - No P.O. Box # <u>17651 Monteverde Dr.</u>		3. Mailing Office Address <u>PO Box 1778</u>	
Suite, Apt. #, etc. —		Suite, Apt. #, etc. —	
City & State <u>Spring Hill, Fl.</u>		City & State <u>New Port Richey, Fl</u>	
Zip <u>34610</u>	Country <u>Pasco</u>	Zip <u>34656</u>	Country <u>Pasco</u>

4. State/Country of Formation Fl.

5. Date Organized or Qualified To Do Business in Florida 1-23-2004

6. FEI Number 59-2604198 Applied For  Not Applicable

7. CERTIFICATE OF STATUS DESIRED  \$5.00 Additional Fee required for a Certificate of Status

8. Name and Address of Current Registered Agent

Name  
Edward J. Wallace

Street Address (P.O. Box Number is Not Acceptable)  
17651 Monteverde Dr.

Suite, Apt. #, Etc.  
—

City  
Spring Hill

State  
FL

Zip Code  
34610

A \$100 reinstatement fee is imposed, except in circumstances which the entity did not receive the prior notices. By checking this box, you are certifying the prior notices were not received and requesting the \$100 reinstatement be waived.

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 Registered Agent Edward J. Wallace Date 4-26-07

REGISTERED AGENT MUST SIGN

10. Names and Street Addresses of Managing Members/Managers

Titles	Name of Managing Members/Managers	Street Address of Each Managing Member/Manager	City / State / Zip
<u>Mgr.</u>	<u>Edward Wallace</u>	<u>17651 Monteverde Dr.</u>	<u>Spring Hill Fl. 34610</u>

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REINSTATEMENT 06-07

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.

Signature of Managing Member/Manager Edward J. Wallace Date 4-26-07 Daytime Phone# 727-868-3703

Typed or printed name of signing Managing Member/Manager Edward J. Wallace