2007 LIMITED LIABILITY COMPANY REINSTATEMENT

DOCUMENT # L04000010215

1. Entity Name
CADLE'S CONSTRUCTION LLC

FILED
07 FEB 19 AM 9:42
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Principal Place of Business	Mailing Address
932 HAGEL PARK RD BRADENTON, FL 34212	932 HAGEL PARK RD BRADENTON, FL 34212

01042007 REIN-LLC CR2E101 (11/05)

2. Principal Place of Business	3. Mailing Address
13508 144th St.	P.O. Box 1251
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: Live Oak, Fl.	City & State: Live Oak, Fl.
Zip: 32060 Country: Suwannee	Zip: 32064 Country: Suwannee

4. FEI Number: 20-0723292 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ **$5.00** Additional Fee Required

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
CADLE, RONNIE II 932 HAGEL PARK RD BRADENTON, FL 34212	Name: Cadle, Ronnie II Street Address (P.O. Box Number is Not Acceptable): 13508 144th St. City: Live Oak FL Zip Code: 32060

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: _____ February 16, 2007
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

FILE NOW!!! FEE IS $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 CADLE, RONNIE II 932 HAGEL PARK RD BRADENTON, FL 34212	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	MGRM Cadle, Ronnie II 13508 144th St. Live OAK, Fl. 32060	☑ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	700089029297 02/23/07--01007--005 **200.00	☐ Change ☐ Addition
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TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	REINSTATEMENT 06-07	☐ Change ☐ Addition
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TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition

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.

SIGNATURE: _____ February 16, 2007
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #