## 2009 LIMITED LIABILITY COMPANY REINSTATEMENT

## FILED DOCUMENT # L04000010326 2009 FEB 24 PM 2:51 GULF COAST CUSTOM BUILDERS, LLC SECRETARY OF STATE Principal Place of Business TALLAHASSEE, FLORIDA Mailing Address 1801 CLINT MOORE RD 1801 CLINT MOORE RD **SUITE 217 SUITE 217** BOCA RATON, FL 33487 BOCA RATON, FL 33487 2. Principal Place of Business - No P.O. Box # 13790 N W 4th Street. 3. Mailing Address 13790 N W 4th Street Suite, Apt. #, etc. Suite. Apt. #, etc 02192009 REIN-LLC CR2E101 (1/07) Suite 113 Suite 113 City & State 4. FEI Number Applied For Súnrise, FL Sunrise, FL 33-0427503 Not Applicable $Z_{1D}$ Country Zin Country \$5.00 Additional 5. Certificate of Status Desired 33325 33325 Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name ZEDECK, LEONARD E Street Address (P.O. Box Number is Not Acceptable) 13790 N.W. 4TH STREET, SUITE 113 SUNRISE, FL 33325 8. The above named entity submits this statement for the purpo egistered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent. SIGNATURE Signature typed or printed name of registered agent and title if up Registered Agent signature required when reinstating DATE In accordance with s. 607.193(2)(b), F.S., the limited liability company did not receive the prior notice. Make check payable to FILE NOW!!! FEE IS \$277.50 Florida Department of State MANAGING MEMBERS/MANAGERS ADDITIONS/CHANGES 9. 10. TITLE MGR ☐ Delete TITLE X Change ☐ Addition CAMPBELL, GEORGE NAME NAME STREET ADDRESS 1801 CLINT MOORE RD SUITE 217 STREET ADDRESS 13790 N W 4th Street, Suite 113 BOCA RATON, FL 33487 CHY-ST-ZIP CITY-ST-ZIP Sunrise, FL 33325 ☐ Delete INTLE TITLE Change Addition 306846 (-10) \*\*\* NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP HILE ☐ Delete TITLE Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CHY-ST-ZIP 108-004 CITY-ST-ZIP THE TITLE Addition ☐ Channe NAME NAME STREET ADDRESS STREET ADDRESS CHY-SI-ZIP CITY-S1-ZIP NSTATEM HILE THLE Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CTLY-\$1-ZIP CITY-ST-ZIP DILE ☐ Delete TITLE Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP 11. Thereby certify that the information supplied with this filling does not qualify for the exemptions contained in Chapter 119. Florida Statutes 1 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 managlimited liability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes. GULF COAST CUSTOM BUILDERS. Davime Prone #