


# 2005 LIMITED LIABILITY COMPANY REINSTATEMENT

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS

05 NOV 29 AM 9:45

DOCUMENT # L04000011555					
1. Entity Name S & D CONSTRUCTION LLC					
Principal Place of Business <del>RT. 21 BOX 501</del> LAKE CITY, FL 32024 US			Mailing Address <del>RT. 21 BOX 501</del> LAKE CITY, FL 32024 US <span style="font-size: 2em; vertical-align: middle;">X</span>		
2. Principal Place of Business <span style="font-size: 1.5em;">New →</span>		3. Mailing Address <span style="font-size: 1.5em;">370 NW SOPHIE DRIVE</span>			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State <span style="font-size: 1.5em;">White Springs FL</span>		11172005 REIN-LLC CR2E101 (6/04)	
Zip		Zip <span style="font-size: 1.5em;">32096</span>		4. FEI Number <span style="font-size: 1.5em;">20-3801058</span>	
Country		Country <span style="font-size: 1.5em;">Columbia</span>		5. Certificate of Status Desired <input type="checkbox"/> \$5.00 Additional Fee Required	
6. Name and Address of Current Registered Agent			7. Name and Address of New Registered Agent		
<del>KING, WILLIAM D</del> <del>RT. 21 BOX 501</del> <del>LAKE CITY, FL 32024</del>			Name <span style="font-size: 1.5em;">370 NW Sophie Drive</span>		
<span style="font-size: 1.5em;">White Springs, FL</span>			Street Address (P.O. Box Number is Not Acceptable)		
<span style="font-size: 1.5em;">32096</span>			City <span style="font-size: 1.5em;">FL</span> Zip Code		
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 <span style="font-size: 1.5em;">William David King</span>			DATE <span style="font-size: 1.5em;">11/21/05</span>		
Signature, typed or printed name of registered agent and title if applicable.			(NOTE: Registered Agent signature required when reinstating)		
<b>FILE NOW!!! FEE IS \$50.00</b> After January 1, 2006, Fee will be \$100.00		In accordance with s. 607.193(2)(b), F.S., the limited liability company did not receive the prior notice.		Make check payable to Florida Department of State	
9. MANAGING MEMBERS/MANAGERS			10. ADDITIONS/CHANGES		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR KING, WILLIAM D RT. 21 BOX 501 LAKE CITY, FL 32024	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<span style="font-size: 1.5em;">370 NW Sophie Dr</span> <span style="font-size: 1.5em;">White Springs, FL 32096</span> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<span style="font-size: 1.5em;">700061747037</span> <span style="font-size: 1.5em;">11/29/05--01028--013 **50.00</span> <input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
11. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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: <span style="font-size: 1.5em;">William David King</span>			DATE: <span style="font-size: 1.5em;">11/21/05</span>		DAYTIME PHONE #: <span style="font-size: 1.5em;">386-8671923</span>
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE			Date		Daytime Phone #