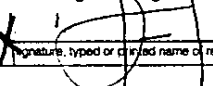


2006 LIMITED LIABILITY COMPANY REINSTATEMENT

DOCUMENT # L04000020737 1. Entity Name 6555 BUILDERS LLC					
Principal Place of Business 6555 NW 36 STREET SUITE 303 VIRGINA GARDENS, FL 33166			Mailing Address 6555 NW 36 STREET SUITE 303 VIRGINA GARDENS, FL 33166		
2. Principal Place of Business Suite, Apt. #, etc. City & State Zip Country			3. Mailing Address Suite, Apt. #, etc. City & State Zip Country		
4. FEI Number			Applied For ☐ Not Applicable		
5. Certificate of Status Desired ☐			\$5.00 Additional Fee Required		
6. Name and Address of Current Registered Agent MARCANO, RUBEN E 6555 NW 36 STREET SUITE 303 VIRGINIA GARDENS, FL 33160			7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL 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:  (NOTE: Registered Agent signature required when reinstating) DATE:					
FILE NOW!!! FEE IS \$100.00		In accordance with s. 607.193(2)(b), F.S., the limited liability company did not receive this 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 MARCANO, RUBEN E 6555 NW 36 STREET SUITE 303 VIRGINA GARDENS, FL 33166	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	100078730811 08/15/06--01043--014 ***100.00	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR OJAN H. SANCHEZ 6555 NW 36th St. Suite 303 Virginia Gardens, FL 33166		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition		
REINSTATEMENT 2005-2006					
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition		
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: 					
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #					

FILED

06 AUG -8 PM 12:37

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



08072006 REIN-LLC CR2E101 (11/05)