



2016 LIMITED LIABILITY COMPANY REINSTATEMENT

DOCUMENT # L04000022206 1. Entity Name WESLEY WARD BUILDERS, LLC						16 NOV 14 PM 12:41 SECRETARY OF STATE TALLAHASSEE, FLORIDA	
Principal Place of Business 1706 EISENHOWER STREET TALLAHASSEE, FL 32310 US				Mailing Address 1706 EISENHOWER STREET TALLAHASSEE, FL 32310 US			
2. Principal Place of Business - No P.O. Box #		3. Mailing Address					
Suite, Apt. #, etc		Suite, Apt. #, etc					
City & State		City & State					
Zip		Country		Zip		Country	
6. Name and Address of Current Registered Agent				7. Name and Address of New Registered Agent			
WARD, WESLEY B 1706 EISENHOWER STREET TALLAHASSEE, FL 32310				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 <u>Wesley B Ward</u> <small>Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE</small>							
FILE NOW!!! FEE IS \$238.75 After January 1, 2017, Fee will be \$377.50				Make check payable to Florida Department of State			
9. MANAGING MEMBERS/MANAGERS				10.			
TITLE NAME STREET ADDRESS CITY- ST- ZIP	MGRM WARD, WESLEY B 1706 EISENHOWER STREET TALLAHASSEE, FL 32310			TITLE NAME STREET ADDRESS CITY- ST- ZIP	400292308164 11/14/16--01006--004 **238.75		
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		
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		
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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: <u>Wesley B Ward</u> 11/14/16 <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date E MAIL ADDRESS</small>							

NOV 14 2015

M WILLIAMS