
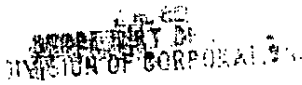


PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

LIMITED LIABILITY COMPANY REINSTATEMENT		FLORIDA DEPARTMENT OF STATE Secretary of State DIVISION OF CORPORATIONS	<div style="text-align: center;">  <p>13 AUG 27 PM 12:22</p> </div>
DOCUMENT # L04000023190			
1. Limited Liability Company's Name PRYBA CONSTRUCTION LLC W13-45718			
2. Principal Office Address - No P.O. Box # 9811 CASEY DR Suite, Apt. #, etc.		3. Mailing Office Address SAME Suite, Apt. #, etc.	
City & State NEW PORT RICHEY FL		City & State NEW PORT RICHEY FL	
Zip 34654	Country PASCO	Zip 34654	Country PASCO
		4. State/Country of Formation FL	
		5. Date Organized or Qualified To Do Business in Florida 3/17/04	
		6. FEI Number 01 0780229	Applied For <input type="checkbox"/> Not Applicable
		7. CERTIFICATE OF STATUS DESIRED <input checked="" type="checkbox"/> \$5.00 Additional Fee required for a Certificate of Status	
8. Name and Address of Current Registered Agent			
Name: DENNIS PRYBA Street Address (P.O. Box Number is Not Acceptable): 9811 CASEY DR Suite, Apt. #, Etc.: City: NEW PORT RICHEY State: FL Zip Code: 34654			
E-mail Address: 400250772604 08/15/13--01029--014 **521.25 (To be used for future annual report notices)			
9. I, being appointed the registered agent of the above named limited liability company, am familiar with and accept the obligations of Chapter 608, F.S. Signature of Registered Agent <i>[Signature]</i> REGISTERED AGENT MUST SIGN Date 8/12/13			
10. Names and Street Addresses of Managing Members/Managers			
Titles	Name of Managing Members/Managers	Street Address of Each Managing Member/Manager	City / State / Zip
OWNER	DENNIS PRYBA	9811 CASEY DR	NEW PORT RICHEY, FL 34654
REINSTATEMENT AUG 27 2013 R. HUNT			
11. I certify that I am managing member/manager or the receiver or trustee empowered to execute this application as provided for in Chapter 608, F.S. I further certify that when filing this reinstatement application the reason for dissolution has been eliminated, the limited liability company name satisfies the requirements of section 608.406, F.S., and that all fees owed by the limited liability company have been paid. The information indicated on this application is true and accurate, and my signature shall have the same legal effect as if made under oath. I am aware that false information submitted in a document to the Department of State constitutes a third degree felony as provided for in s 817.155, F.S. Signature of Managing Member/Manager <i>[Signature]</i> Date Daytime Phone # 727 4634008 Typed or printed name of signing Managing Member/Manager			