



# 2006 LIMITED LIABILITY COMPANY REINSTATEMENT

DOCUMENT # L04000024326						<div style="font-size: 2em; font-weight: bold;">FILED</div> <div style="margin-top: 10px;">2006 JUN -8 AM 11:33</div> <div style="margin-top: 10px;">SECRETARY OF STATE TALLAHASSEE, FLORIDA</div>	
1. Entity Name MEDELLIN CONSTRUCTION, L.L.C.				<div style="font-size: 3em; font-family: cursive;">B/K</div> <div style="margin-top: 20px;">  </div>			
Principal Place of Business 1492 KNOXVILLE RD. TALLAHASSEE, FL 32304		Mailing Address 1492 KNOXVILLE RD. TALLAHASSEE, FL 32304					
2. Principal Place of Business		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			
BARRON, FRANCISCO 1492 KNOXVILLE RD. TALLAHASSEE, FL 32304				Name			
				Street Address (P.O. Box Number is Not Acceptable)			
				City <span style="float: right;">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 <u>Francisco Barron</u>				DATE <u>6/8/06</u>			
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)							
<b>FILE NOW!!! FEE IS \$100.00</b>		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	MGRM FRANCISCO, BARRON 1492 KNOXVILLE RD. TALLAHASSEE, FL 32304 <span style="float: right;"><input type="checkbox"/> Delete</span>			TITLE NAME STREET ADDRESS CITY-ST-ZIP	06/08/06--01001--008 <span style="float: right;"><input type="checkbox"/> Change <input type="checkbox"/> Addition</span>		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<span style="float: right;"><input type="checkbox"/> Delete</span>			TITLE NAME STREET ADDRESS CITY-ST-ZIP	600076432516 #160 <span style="float: right;"><input type="checkbox"/> Change <input type="checkbox"/> Addition</span>		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<span style="float: right;"><input type="checkbox"/> Delete</span>			TITLE NAME STREET ADDRESS CITY-ST-ZIP	<span style="float: right;"><input type="checkbox"/> Change <input type="checkbox"/> Addition</span>		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<span style="float: right;"><input type="checkbox"/> Delete</span>			TITLE NAME STREET ADDRESS CITY-ST-ZIP	<span style="float: right;"><input type="checkbox"/> Change <input type="checkbox"/> Addition</span>		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<span style="float: right;"><input type="checkbox"/> Delete</span>			TITLE NAME STREET ADDRESS CITY-ST-ZIP	<span style="float: right;"><input type="checkbox"/> Change <input type="checkbox"/> Addition</span>		
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	<span style="float: right;"><input type="checkbox"/> Delete</span>			TITLE NAME STREET ADDRESS CITY-ST-ZIP	<span style="float: right;"><input type="checkbox"/> Change <input type="checkbox"/> Addition</span>		
<div style="font-size: 1.5em; font-weight: bold; opacity: 0.5;">REINSTATEMENT</div> <div style="font-size: 2em; font-family: cursive; margin-top: 10px;">2005-2006</div>							
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>Francisco Barron</u>				DATE <u>6/8/06</u>			
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE				Daytime Phone #			