PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

_		FILED
LIMITED LIABILITY COMPANY REINSTATEMENT	FLORIDA DÉPARTMENT OF STATE Secretary of State DIVISION OF CORPORATIONS	SECRETARY OF STATE DIVISION OF SEP 12 AM 9: 36
DOCUMENT # 204000 1. Limited Liability Company's Name DAVE KEMPER SUB.	025824 CONSTRUCTION L.C.	
2. Principal Office Address	3. Mailing Office Address	Che chi
3506 R STH ST	3506 E. 5TH ST	4. State/Country of Formation
Suite, Apt. #, etc.	Suite, Apt. #, etc.	5. Date Organized or Qualified
City & State	City & State	To Do Business in Florida 3 - 24-2004
SPRINGFIELD FL	SPRINGFIELD, FL	6. FEI Number Applied For
Zip Country	Zip Country	Not Applicable
32401 USA	32401 USA	CERTIFICATE OF STATUS DESIRED
8. Name and Address of Current Registered Agent		
Name AVR KE Street Address (P.O. Box Number is N	MPER_	
3506 6. 574 ST 300059496959 Suite, Apt. #, Etc. 0970970501045001 \$\$155 00		
Suite, Apt. #, Etc.		09/09/0501045001 **155 00
City SPRIAX FIELD		State Zip Code FL 3:240/
	ove named limited liability company, am familiar with and	accept the obligations of Chapter 608, F.S.
Signature of Registered Agent Date 9-6-05		accept the obligations of Chapter 608, F.S. $9-6-65$
	ECHSTERED AGENT MUST SIGN	Date
10. Names and Street Addresses of Managing Me	mbers/Managers	
Titles Name of Managing Members/Manag	Street Address of Each Managing Member/Mana	
MART ZACHARTAH KEM	PER 3512 E. 5TH S	ST SPRINGFIELD, FL 32401
	<u> </u>	2005
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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.		
Signature of Manager Burkariah Changer Date 9-6-05 Daytime Phone # 850-628-5427 Typed or printed name of signing Managing Member/Manager ZACHARIAH KEMPER		
Typed or printed name of signing Managing Member/Manager ZACHARIAH KEMPER		