## 2006 LIMITED LIABILITY COMPANY REINSTATEMENT

SECRETARY OF STALE DIVĬŠĬŎŇ ŎŦ ĊOŘPOŘÁŤIŎNS

DOCUMENT # L04000031409 06 MAR 27 AM 9: 30 G & H CUSTOM CONSTRUCTION, LLC Principal Place of Business Mailing Address 328 GLADYS STREET 328 GLADYS STREET FT. WALTON BEACH, FL 32547 FT. WALTON BEACH, FL 32547 2. Principal Place of Business 3. Mailing Address 5909 Meadow Lane North 5909 Meadow Lane North Suite, Apt. #, etc. Suite, Apt. #, etc 03212006 REIN-LLC CR2E101 (11/05) City & State, City & State 4. FEI Number Applied For Crestview restvie 20-1037916 Not Applicable Zip Country Zip Country \$5.00 Additional 5. Certificate of Status Desired 32539 32539 Fee Required <u>us</u> 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent William G. Gunter GUNTER, WILLIAM G Street Address (P.O. Box Number is Not Acceptable)
5909 Meadow Lane North 328 GLADYS STREET FT. WALTON BEACH, FL 32547 City Zip Code 3 2 5 3 9 restriew 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 d agent and stile if applicable. (NOTE: Registered Agent signature required when reinstating In accordance with s. 607.193(2)(b), F.S., the limited liability company did not receive the prior notice. Make check payable to FILE NOW!!! FEE IS \$100.00 Florida Department of State 9. MANAGING MEMBERS/MANAGERS 10. ADDITIONS/CHANGES MGRM TITLE ☐ Delete TITLE Change . ☐ Addition NAME GUNTER, WILLIAM G NAME 5909 Meadow lane North STREET ADDRESS 328 GLADYS STREET STREET ADDRESS CITY-ST-ZIP FT. WALTON BEACH, FL 32547 CITY - ST-ZIP MGRM TITLE ☐ Delete TITLE ☐ Change ☐ Addition MOON, CLYDE NAME NAME 12 NEW CASTLE DRIVE STREET ADDRESS STREET ADDRESS 700069958677 CITY-ST-ZIP FT. WALTON BEACH, FL 32547 CITY-ST-ZIP 10/06--01061--004 <u>\*\*100\_0</u>0 MGRM TITLE Delete TITLE Change Addition NAME DAVIS, JIMMY RAY NAME STREET ADDRESS 12 NEW CASTLE DRIVE STREET ADDRESS FT. WALTON BEACH, FL 32547 CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TiTLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS

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 employered to execute this report as required by Chapter 608, Florida Statutes.

CITY-ST-ZIP

CITY-ST-ZIP

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

3/21/06

850-423-0889