


2006 LIMITED LIABILITY COMPANY REINSTATEMENT

DOCUMENT # L04000068311		
1. Entity Name LONNIE BRUMLEY CONST. LLC		

Principal Place of Business 5007 GRASSY LAKE DR. TALLAHASSEE, FL 32305	Mailing Address 5018 SARAY WAY TALLAHASSEE, FL 32305
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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	
BRUMLEY, LONNIE 5007 GRASSY LAKE DR. TALLAHASSEE, FL 32305	

FILED

06 OCT 27 PM 3:23

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



10272006 REIN-LLC CR2E101 (11/05)

4. FEI Number 81-0655488	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$5.00 Additional Fee Required	

7. Name and Address of New Registered Agent	
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	(NOTE: Registered Agent signature required when reinstating)	DATE
<p>FILE NOW!!! FEE IS \$50.00 After January 1, 2007, Fee will be \$100.00</p> <p>In accordance with s. 607.193(2)(b), F.S., the limited liability company did not receive the prior notice.</p> <p>Make check payable to Florida Department of State</p>		

9. MANAGING MEMBERS/MANAGERS		10. ADDITIONS/CHANGES	
TITLE	MGRM <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BRUMLEY, LONNIE	NAME	200091475512
STREET ADDRESS	5007 GRASSY LAKE DR.	STREET ADDRESS	11/02/06--01038--007 **\$5.00
CITY-ST-ZIP	TALLAHASSEE, FL 32305	CITY-ST-ZIP	
TITLE	MGRM <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SPENCE, CARISSA D	NAME	
STREET ADDRESS	798 SPRING MEADOWS ROAD	STREET ADDRESS	
CITY-ST-ZIP	QUINCY, FL 32351	CITY-ST-ZIP	
TITLE	MGRM <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	NESMITH, JAKE	NAME	
STREET ADDRESS	10729 OLD WOODVILLE HIGHWAY	STREET ADDRESS	
CITY-ST-ZIP	TALLAHASSEE, FL 32305	CITY-ST-ZIP	
TITLE	MGRM <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MICHAEL BRYAN SMITH	NAME	
STREET ADDRESS	1332 LOLA DRIVE	STREET ADDRESS	
CITY-ST-ZIP	TALLAHASSEE, FL 32301	CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME		NAME	MGRM
STREET ADDRESS		STREET ADDRESS	1332 LOLA DR.
CITY-ST-ZIP		CITY-ST-ZIP	Quincy FL 32351
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	

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 *Lonnie Brumley* **10-27-06**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #