2006 LIMITED LIABILITY COMPANY REINSTATEMENT

SECRETARY OF STATE DIVISION OF CORPORATIONS **DOCUMENT # L04000072665** 06 JUL 13 PM 8: 49 DICKEY'S CONSTRUCTION SERVICES, LLC Principal Place of Business Mailing Address 1122 SE 16TH STREET 1122 SE 16TH STREET OCALA, FL 34471 US OCALA, FL 34471 2. Principal Place of Business 3. Mailing Address Suite Apt #, etc. Suite, Apt. #, etc. 07072006 REIN-LLC CR2E101 (11/05) Applied For City & State City & State 4. FEI Number Not Applicable Zip Country Zip Country \$5.00 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name DICKEY, PAUL 1122 SE 16TH STREET Street Address (P.O. Box Number is Not Acceptable) OCALA, FL 34471 City 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 Make check payable to FILE NOW!!! FEE 18 \$200.00 Florida Department of State 9. MANAGING MEMBERS/MANAGERS ADDITIONS/CHANGES 10. TITLE MGR TITI F ☐ Delete ☐ Change ☐ Addition NAME DICKEY, PAUL NAME 1122 SE 16TH STREET STREET ADDRESS STREET ADDRESS OCALA, FL 34471 CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME MARIE 800077729428 STREET ADDRESS STREET ADDRESS 07/19/06--01047--022 **200.00 CITY-ST-ZIP CITY-ST-ZIP TITLE Delete TITLE ☐ Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7P TITLE ☐ Delete TITLE ☐ Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ШТЕ ☐ Delete MLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete ШЕ ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY-ST-7IP 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. uly 11 06 352 266 9741

BER, MANAGER, OR AUTHORIZED REPRESENTATIVE

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