

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

LIMITED LIABILITY COMPANY REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED

10 APR -8 PM 3:10

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

000175035900
04/09/10--01001--004 **277.50

CR2E041 (11/09)

DOCUMENT # L04000078901

1. Limited Liability Company's Name

Construction Pluse LLC

2. Principal Office Address - No P.O. Box #

379 Dell Rd

Suite, Apt. #, etc.

3. Mailing Office Address

same

Suite, Apt. #, etc.

City & State

Rainbridge

City & State

Zip

39819

Country

Zip

Country

4. State/Country of Formation

5. Date Organized or Qualified To Do Business in Florida

11-1-2004

6. FEI Number

56-2487012

Applied For

Not Applicable

7.

CERTIFICATE OF STATUS DESIRED

\$5.00 Additional Fee required for a Certificate of Status

8. Name and Address of Current Registered Agent

Name

Richard Romero

Street Address (P.O. Box Number is Not Acceptable)

29 Shepard St

Suite, Apt. #, Etc.

City

Chattahoochee

State

FL

Zip Code

32324

A \$100 reinstatement fee is imposed, except in circumstances which the entity did not receive the prior notices. By checking this box, you are certifying the prior notices were not received and requesting the \$100 reinstatement be waived.

9. I, being appointed the registered agent of the above named limited liability company, am familiar with and accept the obligations of Chapter 608, F.S.

Signature of Registered Agent

[Signature]

Date

4/8/10

REGISTERED AGENT MUST SIGN

10. Names and Street Addresses of Managing Members/Managers

Titles	Name of Managing Members/Managers	Street Address of Each Managing Member/Manager	City / State / Zip
<u>MEM</u>	<u>Richard Romero</u>	<u>same as business</u>	
<u>MEM</u>	<u>Trenton Romero</u>	<u>same as business</u>	

REINSTATEMENT

2009, 2010

11. E-mail Address: Richard.Romero01@live.com

(To be used for future annual report notifications)

12. 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

Managing Member/Manager

[Signature]

Date

4/8/10

Daytime Phone #

Typed or printed name of signing Managing Member/Manager