PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

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LIMITED LIABILITY COMPANY REINSTATEMENT	FLORIDA DEPARTMENT OF STATE Secretary of State DIVISION OF CORPORATIONS	10 APR -8 PH AS: 10
DOCUMENT # LO40000 7890/ 1. Limited Liability Company's Name		SECRETARY OF STATE TALLAHASSEE, FLORIDA
Construction Pluse LLC		000175035900 04/09/1001001004 **277.50
Principal Office Address - No P.O. Box #	Mailing Office Address	` ´ ´
379 Dell Rd.	Same	4. State/Country of Formation
Suite, Apt. #, etc.	Suite, Apt. #, etc	-
		5. Date Organized or Qualified To Do Business in Florida //-/- 200 \frac{4}{2}
City & State	City & State	6. FEI Number Applied For
Bain bridge		56-24870/2 Not Applicable
39819 Country	Zip Country	7. CERTIFICATE OF STATUS DESIRED [\$5.00 Additional Fee required for a Certificate of Status
8. Name and Address of	f Current Registered Agent	
Name Richard Romero		A \$100 reinstatement fee is imposed, except in circumstances which the entity did not
Street Address (P.O. Box Number is Not Acceptable)		receive the prior notices. By checking this
29 Shephard St		box, you are certifying the prior notices were
Suite, Apt. #, Etc.		not received and requesting the \$100
Chattahoochee	State Zip Code FL 32 3 2 4	reinstatement be waived.
9. 1, 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 Will REGISTERED AGENT MUST SIGN		
10. Names and Street Addresses of Managing Members/Managers		
Titles Name of Managing Members/Manage	Street Address of Ea	ch City / State / Zip
melem Richard Romero same as bus		Siness
modern Trenton Romero same as business		
THE PARTY TO SEE THE PA		
REINSTATEMENT		
2009, 2010)	
11. E-mail Address: Kichard Komero Ol (a) live. Com		
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 Date 48/10 Daytime Phone #		
Typed or printed name of signing Managing Member/Manager		