


# 2014 LIMITED LIABILITY COMPANY REINSTATEMENT

APPROVED  
AND  
FILED

14 JUL 21 PM 3:47

SECRETARY OF STATE  
TALLAHASSEE FLORIDA


<b>DOCUMENT # L04000078901</b> 1. Entity Name <b>CONSTRUCTION PLUSE LLC</b>	
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Principal Place of Business 379 DELL RD BAINBRIDGE, GA 39189	Mailing Address 379 DELL RD BAINBRIDGE, GA 39189
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2. Principal Place of Business - No P.O. Box # Suite, Apt. #, etc.	3. Mailing Address <del>379 DELL RD</del> Suite, Apt. #, etc.
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City & State	City & State
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Zip	Country	Zip	Country
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07212014 REIN-LLC CR2E101 (12/11)

4. FEI Number <b>56-2487012</b>	Applied For <input type="checkbox"/> Not Applicable
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6. Name and Address of Current Registered Agent  <b>ROMERO, RICHARD</b> <b>29 SHEPHARD ST</b> <b>CHATTAHOOCHEE, FL 32324</b>	7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City <div style="text-align: right;"> <b>FL</b>    Zip Code                 </div>
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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: *Richard Romero*      DATE: 7-21-2014

(NOTE: Registered Agent signature required when reinstating)

<b>FILE NOW!!! FEE IS \$377.50</b>		Make check payable to Florida Department of State
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9. MANAGING MEMBERS/MANAGERS				10. ADDITIONS/CHANGES			
TITLE	MGRM	<input type="checkbox"/> Delete		TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	ROMERO, RICHARD			NAME			
STREET ADDRESS	379 DELL RD			STREET ADDRESS			
CITY-ST-ZIP	BAINBRIDGE, GA 39189			CITY-ST-ZIP			
TITLE	MGRM	<input type="checkbox"/> Delete		TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	ROMERO, TRENTON			NAME			
STREET ADDRESS	379 DELL RD			STREET ADDRESS			
CITY-ST-ZIP	BAINBRIDGE, GA 39189			CITY-ST-ZIP			
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			
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			
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: *Richard Romero*      DATE: JUL 21 2014      E-MAIL ADDRESS: \_\_\_\_\_

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE    Date    E-MAIL ADDRESS