PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

LIMITED LIABILITY COMPANY REINSTATEMENT

FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
06 OCT 31 PM 4:42

DOCUMENT # L04000081444

1. Limited Liability Company's Name

GLASCO CONTRACTING LLC

CR2E041 (6/05)

2. Principal Office Address
195 AUDUBON DR
Suite, Apt. #, etc.
City & State
SANTA ROSA BEACH ,FL
Zip 32459 Country WALTON

3. Mailing Office Address
P.O.BOX 2451
Suite, Apt. #, etc.
City & State
SANTA ROSA BEACH,FL
Zip 32459 Country WALTON

4. State/Country of Formation
FLORIDA/WALTON

5. Date Organized or Qualified To Do Business in Florida 11/09/04

6. FEI Number
68-0598212
☐ 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
EDWARD GLASCO

600081389216
10/31/06--01053--014 **200.00

Street Address (P.O. Box Number is Not Acceptable)
195 AUDUBON DR
Suite, Apt. #, Etc.
City MIRAMAR BEACH State FL Zip Code 32550

9. I, being appointed the registered agent of the above named limited liability company, am familiar with and accept the obligations of Chapter 606, F.S.

Signature of Registered Agent Edward Glasco Date
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
MGR	EDWARD GLASCO	195 AUDUBON DR	MIRAMAR BEACH,FL 32550

REINSTATEMENT 2005-06

11. I certify that I am managing member/manager or the receiver or trustee empowered to execute this application as provided for in chapter 606, F.S. I further certify that upon filing this reinstatement application the reason for dissolution has been eliminated, the limited liability company name satisfies the requirements of section 606.4061, 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 Edward Glasco Date 10/25/06 Daytime Phone # 850-685-1547

Typed or printed name of signing Managing Member/Manager EDWARD GLASCO