2005 LIMITED LIABILITY COMPANY REINSTATEMENT

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
05 NOV 22 AM 8:22

DOCUMENT # L04000087056

1. Entity Name
AAMROSE EXCAVATING & DEMOLITION, LLC

Principal Place of Business	Mailing Address
225 BAY GROVE FREEPORT, FL 32439	225 BAY GROVE FREEPORT, FL 32439

10212005 REIN-LLC CR2E101 (6/04)

2. Principal Place of Business	3. Mailing Address
225 Bay Grove Rd	SAME
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: FreePort, Fl	City & State
Zip: 32439 Country: U.S.A	Zip Country

4. FEI Number: 42-1654614 [X] Applied For [ ] Not Applicable

6. Certificate of Status Desired [ ] $5.00 Additional Fee Required

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
MCNEESE, RICHARD S 36468 EMERALD COAST PKWY STE 1201 DESTIN, FL 32541	Name: Mcneese Richard S Street Address (P.O. Box Number Is Not Acceptable): 36468 Emerald Coast PKWY Ste. 1201 City: Destin, FL Zip Code: 32541

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 Mcneese 11-7-05
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

FILE NOW!!! FEE IS $150.00
After January 1, 2006, Fee will be $200.00

Make check payable to Florida Department of State

9. MANAGING MEMBERS / MANAGERS			10. ADDITIONS / CHANGES		
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	MGRM ALDRICH, KATHERINE 225 BAY GROVE FREEPORT, FL 32439	[ ] Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		[ ] Change [ ] Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	MGRM ALDRICH, WILLIAM J 225 BAY GROVE FREEPORT, FL 32439	[ ] Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		[ ] Change [ ] Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		[ ] Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	200068157579 11/23/05--01034--008 **150.00	[ ] Change [ ] Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		[ ] Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	REINSTATEMENT 2005	[ ] Change [ ] Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		[ ] Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		[ ] Change [ ] Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		[ ] Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		[ ] Change [ ] Addition

11. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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: Katherine Aldrich 11/7/2005
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date

(850835-2965)
Daytime Phone #