PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM. LIMITED LIABILITY FLORIDA DEPARTMENT OF STATE FILED COMPANY Secretary of State REINSTATEMENT DIVISION OF CORPORATIONS 2007 HOV 30 PM 2: 58 DOCUMENT # 105000018750 SECRETARY OF STATE TALLAHASSEE, FLORIDA 1. Limited Liat lity Company's Name 000111579220 11/01/07--01016--022 \*\*100.00 Doug's Construction, LLC CR2E041 (1/07) 2. Principal Office Address - No P.O. Box # 3. Mailing Office Address 5773 South Ridgewood Avenue 5773 South Ridgewood Avenue State/Country of Formation Florida Suite, Apt. #, etc. Suite, Apt. #, etc. 5. Date Organized or Qualified To Do Business in Florida 02/21/2005 City & State
Port Orange, FL City & State Applied For Port Orange, FL **2**0-2475127 Not Applicable Country Country <sup>zip</sup>32127 32127 7. CERTIFICATE OF STATUS DESIRED \$5.00 Additional Fee required for a Certificate of Status US 8. Name and Address of Current Registered Agent Douglas Snell A \$100 reinstatement fee is imposed, except in circumstances which the entity did not Street Address (P.O. Box Number is Not Acceptable)
5773 South Ridgewood Avenue receive the prior notices. By checking this box, you are certifying the prior notices were Suite, Apt. #, Etc. not received and requesting the \$100 reinstatement be waived. Port Orange 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 REGISTERED AGENT MUST SIGN 10. Names and Street Addresses of Managing Members/Managers Name of Managing Members/Managers Street Address of Each Managing Member/Manager City / State / Zip **MGRM** Douglas Snell 5773 S Ridgewood Ave Port Orange, FL 32127 5773 S Ridgewood Ave MGR Terry Snell Port Orange, FL 32127 .11/30/07--01003--008 \*\*100.00 REINSTATEMENT 11. 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

Typed or printed name of signing Managing Member/Manager

Daytime Phone #386 334-6899

10/29/07

Douglas Snell