



2007 LIMITED LIABILITY COMPANY REINSTATEMENT

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

07 OCT 12 PM 12:54

DOCUMENT # L05000036767 1. Entity Name BUILDING PERMIT SERVICES LLC					
Principal Place of Business 8882 SW 129 TER MIAMI, FL 33176 US			Mailing Address 8882 SW 129 TER MIAMI, FL 33176 US		
2. Principal Place of Business - No P.O. Box # 7700 N. Kendall Dr Suite, Apt. #, etc. Suite 506		3. Mailing Address 7700 N Kendall Dr Suite, Apt. #, etc. Suite 506		 10092007 REIN-LLC CR2E101 (1/07) 4. FEI Number 73-1733997 APPLIED FOR 5. Certificate of Status Desired <input type="checkbox"/> \$5.00 Additional Fee Required	
City & State Miami		City & State Miami			
Zip 33156		Zip 33156			
Country USA		Country USA			
6. Name and Address of Current Registered Agent HEATH, WILLIAM 8882 SW 129 TER MIAMI, FL 33176				7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code	
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 <u>William Heath</u> <u>WSHeath</u> <u>October 9, 2007</u> <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>					
FILE NOW!!! FEE IS \$50.00 After January 1, 2008, Fee will be \$100.00		In accordance with s. 607.193(2)(b), F.S., the limited liability company did not receive the prior notice.		Make check payable to Florida Department of State	
9. MANAGING MEMBERS/MANAGERS			10. ADDITIONS/CHANGES		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR HEATH, WILLIAM 8882 SW 129 TER MIAMI, FL 33176	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	Myr Rhonda Sheffield 7700 N Kendall Dr Suite 506 Miami, Florida 33156	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	400110730184 10/12/07--01030--020 **50.00	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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: <u>Rhonda Sheffield</u> <u>10-9-07</u> <u>305-778-1276</u> <small>(SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE) Date Daytime Phone #</small>					