

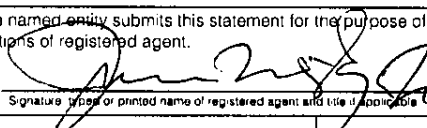
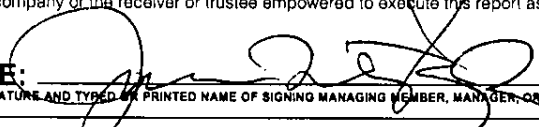


# 2010 LIMITED LIABILITY COMPANY REINSTATEMENT

FILED

2010 DEC 10 PM 3:23

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

<b>DOCUMENT # L05000052552</b> 1. Entity Name <b>ARCHON CONSTRUCTION CO. LLC</b>					
Principal Place of Business <b>695 W VIRGINIA STREET TALLAHASSEE, FL 32303</b>			Mailing Address <b>P O BOX 15486 TALLAHASSEE, FL 32317</b>		
2. Principal Place of Business - No P.O. Box #  Suite, Apt. #, etc.		3. Mailing Address  Suite, Apt. #, etc.			
City & State  Zip      Country		City & State  Zip      Country		4. FEI Number <b>NOT APPLICABLE</b>	
5. Certificate of Status Desired <input type="checkbox"/> <b>\$5.00 Additional Fee Required</b>				Applied For <input type="checkbox"/> Not Applicable	
<div style="display: flex; justify-content: space-between;"> <span>12102010    REIN-LLC    CR2E101 (1/07)</span>  </div>					
<b>6. Name and Address of Current Registered Agent</b>  <b>WEATHERLY, JAMES F JR. 2727 CAPITAL CIRCLE N.E. TALLAHASSEE, FL 32310</b>			<b>7. Name and Address of New Registered Agent</b> Name Street Address (P.O. Box Number is Not Acceptable) City <b>FL</b> 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  (NOTE: Registered Agent signature required when reinstating)      DATE					
<b>FILE NOW!!! FEE IS \$238.75 After January 1, 2011, Fee will be \$377.50</b>				<b>Make check payable to Florida Department of State</b>	
<b>9. MANAGING MEMBERS/MANAGERS</b>			<b>10. ADDITIONS/CHANGES</b>		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>MGRM WEATHERLY, JAMES F SR. P.O. BOX 15486 TALLAHASSEE, FL 32317</b> <input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input 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	<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, and 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.					
<b>SIGNATURE:</b>  <b>12-10-2010</b>					
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE      Date      Daytime Phone #					

REINSTATEMENT  
2010

**J. SAULSBERRY  
EXAMINER**