

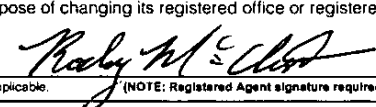
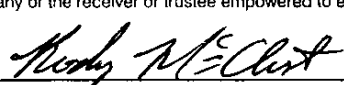


2007 LIMITED LIABILITY COMPANY REINSTATEMENT

DOCUMENT # L05000067792				 <div style="position: absolute; top: 0; right: 0; font-size: 2em; font-weight: bold; transform: rotate(-15deg);">FILED</div> <div style="position: absolute; bottom: 0; left: 0; font-size: 1.2em;">JUN 29 AM 10:34</div>	
1. Entity Name R. MCCLUSTER CONSTRUCTION LLC				SECRETARY OF STATE TALLAHASSEE, FLORIDA 	
Principal Place of Business 4525 ELTHAM PARK TALLAHASSEE, FL 32303		Mailing Address 4525 ELTHAM PARK TALLAHASSEE, FL 32303			
2. Principal Place of Business - No P.O. Box # 2948 TIPPERARY DR		3. Mailing Address 2948 TIPPERARY DR			
Suite, Apt. #, etc. TALLAHASSEE FL		Suite, Apt. #, etc. TALLAHASSEE FL 3		06292007 REIN-LLC CR2E101 (1/07)	
City & State		City & State		4. FEI Number 42-0960065	
Zip 32309		Country LEON		5. Certificate of Status Desired <input type="checkbox"/> \$5.00 Additional Fee Required	
6. Name and Address of Current Registered Agent				7. Name and Address of New Registered Agent	
MCCLUSTER, RODNEY 4525 ELTHAM PARK TALLAHASSEE, FL 32303				Name RODNEY MCCLUSTER	
				Street Address (P.O. Box Number is Not Acceptable) 2948 TIPPERARY DR	
				TALLAHASSEE	
				City FL Zip Code 32309	
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					
FILE NOW!!! FEE IS \$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	MGRM MCCLUSTER, RODNEY 4525 ELTHAM PARK TALLAHASSEE, FL 32303 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM MCCLUSTER RODNEY 2948 TIPPERARY DR TALL FL 32309 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM MCCLUSTER, NICOLE 4525 ELTHAM PARK TALLAHASSEE, FL 32303 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM MCCLUSTER NICOLE 2948 TIPPERARY DR TALLAHASSEE FL <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM MCCLUSTER NATALIA 2948 TIPPERARY TALLAHASSEE FL <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	→ <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	REINSTATEMENT <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	500105868605 <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	07/10/07--01039--015 **100.00 <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:  DATE: 6/29/07 DAYTIME PHONE #: (850) 727-0282					