PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

LIMITED LIABILITY COMPANY REINSTATEMENT

FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

2006 OCT -9 AM 11:10

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

300080616393
10/09/06--01007--003 **150.00

CR2E041 (8/05)

DOCUMENT # L05000068045

1. Limited Liability Company's Name
Onix Construction Company LLC
2194 Dill Drive
Orlando FL 32834

2. Principal Office Address	**3.** Mailing Office Address
2194 Dill Drive	2194 Dill Avenue
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: Orlando	City & State: Orlando FL
Zip: 32834 Country: USA	Zip: 32834 Country: USA

4. State/Country of Formation: Florida USA

5. Date Organized or Qualified To Do Business in Florida: 7/13/05

6. FEI Number: 20 3243008 ☐ Applied For ☐ Not Applicable

7. CERTIFICATE OF STATUS DESIRED ☐ $5.00 Additional Fee required for a Certificate of Status

8. Name and Address of Current Registered Agent

Name: Donna Bird
Street Address (P.O. Box Number is Not Acceptable): 115 S. Bulova Drive Unit B
Suite, Apt. #, Etc.:
City: Apopka State: FL Zip Code: 32703

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 _____ Date Sept. 18 2006
REGISTERED AGENT MUST SIGN

10. Names and Street Addresses of Managing Members/Managers

Titles	Name of Managing Members/Managers	Street Address of Each Managing Member/Manager	City / State / Zip
MGR	Fransico Pimental	2194 Dill Ave	Orlando FL 32824
MGRM	Mida Guzman	2194 Dill Ave	Orlando FL 32824
MNGM	Esther Pimental	2194 Dill Ave	Orlando FL 32824

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 _____ Date 9/18/06 Daytime Phone # 407-235-5641

Typed or printed name of signing Managing Member/Manager: Fransico Pimental