

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

08 OCT -3 PM 3:43

LIMITED LIABILITY
COMPANY
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # 1050000802/2

1. Limited Liability Company's Name

ORENIP ISLAND CONSTRUCTION LLC

CR2E041 (10/08)

2. Principal Office Address - No P.O. Box #

680 Hwy A1A

Suite, Apt. #, etc.

UNIT 2

City & State

Vero Beach, FL

Zip

32963

Country

USA

3. Mailing Office Address

680 Hwy A1A

Suite, Apt. #, etc.

UNIT 2

City & State

Vero Beach FL

Zip

32963

Country

USA

4. State/Country of Formation

FL / US

5. Date Organized or Qualified

To Do Business in Florida

4-06

6. FEI Number

38-3740567

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

Douglas Leman

Street Address (P.O. Box Number is Not Acceptable)

680 Hwy A1A

Suite, Apt. #, Etc.

UNIT 2

City

Vero Beach

State

FL

Zip Code

32963

A \$100 reinstatement fee is imposed, except in circumstances which the entity did not receive the prior notices. By checking this box, you are certifying the prior notices were not received and requesting the \$100 reinstatement be waived.

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

[Signature]

REGISTERED AGENT MUST SIGN

Date 9-29-08

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 |
|------------|-----------------------------------|--|----------------------------|
| <u>MEM</u> | <u>DOUG LEMAN</u> | <u>680 HWY A1A UNIT 2</u> | <u>Vero Beach FL 32963</u> |
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REINSTATEMENT 01-08

000136534070
10/01/08--01045--004 **\$77.50

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

[Signature]

Date 9-29-08 Daytime Phone # 772-643-5450

Typed or printed name of signing Managing Member/Manager: