

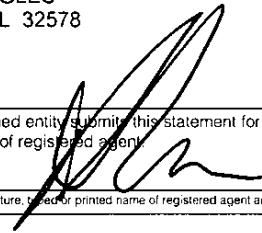
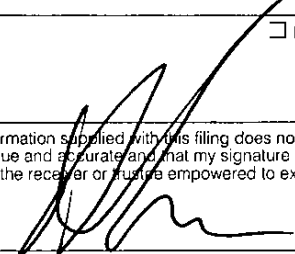


# 2006 LIMITED LIABILITY COMPANY REINSTATEMENT

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS

06 DEC 12 AM 9:19

|  |  |   |  |   |   |
|--|--|---|--|---|---|
| <b>DOCUMENT # L05000080678</b><br>1. Entity Name<br>PRECISION BUILDERS, LLC  |  |   |  |    |   |
| Principal Place of Business<br>103 GLEN EAGLES<br>NICEVILLE, FL 32578  |  |   |  | Mailing Address<br>103 GLEN EAGLES<br>NICEVILLE, FL 32578   |   |
| 2. Principal Place of Business<br><br>Suite, Apt. #, etc.  |  | 3. Mailing Address<br>P.O. Box 18707                              |  |   |   |
| City & State<br>Panama City Beach, FL  |  | City & State<br>Panama City Beach, FL                             |  | 11202006 REIN-LLC CR2E101 (11/05)   |   |
| Zip<br>32417   |  | Country<br>Bay  |  | 4. FEI Number<br>Applied For<br>Not Applicable  |   |
| 5. Certificate of Status Desired <input type="checkbox"/> \$5.00 Additional Fee Required   |  |   |  | 6. Name and Address of Current Registered Agent<br><br>REYES, AARON J<br>103 GLEN EAGLES<br>NICEVILLE, FL 32578   |   |
| 7. Name and Address of New Registered Agent<br><br>Name<br>Street Address (P.O. Box Number is Not Acceptable)<br>City<br>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 <br><small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>  |  |   |  | DATE  |   |
| <b>FILE NOW!!! FEE IS \$150.00</b><br><b>After January 1, 2007, Fee will be \$200.00</b>   |  |   |  | Make check payable to<br>Florida Department of State  |   |
| <b>9. MANAGING MEMBERS/MANAGERS</b>  |  |   |  | <b>10. ADDITIONS/CHANGES</b>  |   |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP   | MGRM<br>REYES, AARON J<br>103 GLEN EAGLES<br>NICEVILLE, FL 32578 | <input type="checkbox"/> Delete                                   |  | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP  | 800082480418<br>12/12/06--01045--011 **150.00                     |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP   | <input type="checkbox"/> Delete                                  | <input type="checkbox"/> Change <input type="checkbox"/> Addition |  | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP  | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP   | <input type="checkbox"/> Delete                                  | <input type="checkbox"/> Change <input type="checkbox"/> Addition |  | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP  | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP   | <input type="checkbox"/> Delete                                  | <input type="checkbox"/> Change <input type="checkbox"/> Addition |  | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP  | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP   | <input type="checkbox"/> Delete                                  | <input type="checkbox"/> Change <input type="checkbox"/> Addition |  | TITLE<br>NAME<br>STREET ADDRESS<br>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: <br><small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE</small>   |  |   |  | 11/30/06 800-276-6367<br><small>Daytime Phone #</small>   |   |