


# 2006 LIMITED LIABILITY COMPANY REINSTATEMENT

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS

06 OCT 24 AM 10:38

DOCUMENT # L05000095801	
1. Entity Name WHITE CROSS CONSTRUCTION SERVICES LLC	

Principal Place of Business 27 CASWELL DRIVE ORLANDO, FL 32825	Mailing Address 27 CASWELL DRIVE ORLANDO, FL 32825
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2. Principal Place of Business 27 Caswell Dr Suite, Apt. #, etc.	3. Mailing Address 606 Savage Ct. Suite, Apt. #, etc.
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City & State Orlando FL	City & State Longwood FL
Zip 32825	Zip 32750
Country USA	Country USA



09292006 REIN-LLC CR2E101 (11/05)

4. FEI Number 203862607	Applied For <input type="checkbox"/> Not Applicable
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5. Certificate of Status Desired <input checked="" type="checkbox"/>	\$5.00 Additional Fee Required
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6. Name and Address of Current Registered Agent  BOSSHARD, JOERG 27 CASWELL DRIVE ORLANDO, FL 32825
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7. Name and Address of New Registered Agent	
Name Joerg	
Street Address (P.O. Box Number is Not Acceptable)	
City 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 <i>[Signature]</i>	DATE 9/29/06
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FILE NOW!!! FEE IS \$50.00 After January 1, 2007, Fee will be \$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
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9. MANAGING MEMBERS/MANAGERS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR BOSSHARD, JOERG 27 CASWELL DRIVE ORLANDO, FL 32825 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete

10. ADDITIONS/CHANGES	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	Joerg Bosshard MGR <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 606 Savage Ct. Longwood FL 32750
TITLE NAME STREET ADDRESS CITY-ST-ZIP	900081152079 <input type="checkbox"/> Change <input type="checkbox"/> Addition 10/24/06--01040--013 **105.00
TITLE NAME STREET ADDRESS CITY-ST-ZIP	2006 <input type="checkbox"/> Change <input type="checkbox"/> Addition
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"/> Change <input type="checkbox"/> Addition
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. 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: <i>[Signature]</i>	DATE 9/29/06	DAYTIME PHONE # 407-660-0300
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