2006 LIMITED LIABILITY COMPANY REINSTATEMENT

REINSTATEMENT						SECO	FILE	į	
DOCUMENT # L05000099537						SECRI DIVISION	IARY O OF COR	FSTATE	
1. Entity Name SKUBA CONSTRUCTION MATERIALS, LLC						06.00	P. 4 =	UHANU	NS
O NO BANG		,				00 OC	12 A	1 10: 00	
Principal Plac	e of Business	Mailing Address							
200 NW 14T		PO BOX 814							
FT MEADE, F	L 33841	FT MEADE, FL 33841			Al .				
2 Dringing C	leas of Divinos	3. Mading Address	/						
2. Principal P	lace of Business	TO BOX 8	14		9 1	REIRI BIIII BANA ORIH	SOM BAYE INTO	. 4141 BUBB 1411 164	EB) (() 186)
Suite, Apt.	#, etc.	Suite, Apt. #, etc.	•		10082006	REIN-LLC	CR2E	101 (11/05)	
City & Stat	e Y E March	City & State			4. FEI Numb	er .		⊢ +∸	plied For
Zip	Country	Zip of City	Country		* O-46-4-	of Chatra Danies		\$5.00 Add	t Applicable itional
	C Normand Address of Comment	1 33841				of Status Desired Address of New		Fee Require	
	6. Name and Address of Current	Registered Agent	Name	i	(ev S)	//O.	* Kedistalen	Agent	
SKUBA, KENNETH P 200 NW 14TH STREET Street Address (F						er is Not Accepta	ible)		
FT MEADE, FL 33841									
			City	(L /	1.			Zia Codi	1
9 The above	named entity submits this statement for	or the purpose of changing its	' ' ' ' '	recister	ed agent or bo	th in the State of	Florida Lam	- 1 5 52	and accept
	ions of registered agent.	or the purpose of changing its i	egistered office of	registere	ed agent, or bo	in, in the State of	rionoa. Tan	rearmer war,	and accept
SIGNATURE	Signature, typed or printed name of registered agent	and title if spolicable. (NOTE	: Registered Agent sign	Hure require	ed when reinstating		DATE		
				··					
	E NOW!!! FEE IS \$150.00 lary 1, 2007, Fed will be \$200.00						lake check ida Departr	payable to nent of State	•
9.	MANAGING MEMB		10.			ADDITIO	NS/CHANGE		
TITLE NAME	MGRM SKUBA, KENNETH P	☐ Delete	TITLE NAME					Change	☐ Addition
STREET ADDRESS	200 NW 14TH STREET		STREET ADDRESS		80 10710	<mark>0008</mark> 0 9060108	1787	038 _	
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NAME		Leicie	NAME						
STREET ADDRESS CITY-ST-ZIP		. 1	STREET ADDRESS CITY-ST-ZIP						
11. I hereby	certify that the information supplied wit	th this filing does not quality for	the exemptions of	ontained i	in Chapter 119	Florida Statutes	I further cert	ify that the info	er of the
limited lia	on this report is true and accurate ap- ability company or the receiver or truste	se empowered to execute this r	eport as required	by Chapt	ter 608, Florida	Statutes.		oor or manage	
	///////								
SIGNAT	SIGNATURE AND PED OF PRINTED NAME	OF MISHING MUNAGING MEMBER, MAN	IAGER, OR AUTHORIZE	D REPRESE	NTATIVE	Date		Daytime Phone #	