

2007 LIMITED LIABILITY COMPANY REINSTATEMENT

DOCUMENT# L05000106444

FILED
May 01, 2007
Secretary of State

Entity Name: GALE SHELTER BUILDING SYSTEMS LLC

Current Principal Place of Business:

1625 HENDRY STREET
SUITE 301
FORT MYERS, FL 33901 US

New Principal Place of Business:

709 CAPE CORAL PARKWAY W
SUITE 106
CAPE CORAL, FL 33914 US

Current Mailing Address:

1625 HENDRY STREET
SUITE 301
FORT MYERS, FL 33901 US

New Mailing Address:

FEI Number: **FEI Number Applied For ()** **FEI Number Not Applicable (X)** **Certificate of Status Desired ()**
In accordance with s. 607.193(2)(b), F.S., the limited liability company did not receive the prior notice.

Name and Address of Current Registered Agent:

Name and Address of New Registered Agent:

EIHAUSEN, DERRICK
1625 HENDRY STREET
SUITE 301
FORT MYERS, FL 33901 US

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.

SIGNATURE: DERRICK EIHAUSEN

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:

ADDITIONS/CHANGES:

Title: MGRM () Delete
Name: MILANO, DOUGLAS J
Address: 1625 HENDRY STREET
City-St-Zip: FORT MYERS, FL 33901 US

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Delete
Name:
Address:
City-St-Zip:

Title: MGRM () Change (X) Addition
Name: LEONARDI, ROSE
Address: 709 CAPE CORAL PARKWAY W #106
City-St-Zip: CAPE CORAL, FL 33914

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my electronic 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: DOUGLAS MILANO

MGRM

05/01/2007

Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date