
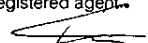



2007 LIMITED LIABILITY COMPANY REINSTATEMENT

DOCUMENT # L06000013205				 <div style="position: absolute; top: 0; right: 0; font-size: 2em; font-weight: bold; transform: rotate(-15deg);">FILED</div> <div style="position: absolute; bottom: 0; left: 0; font-size: 0.8em;">2007 NOV -9 A 9:52</div> <div style="position: absolute; bottom: 0; right: 0; font-size: 0.7em;"> SECRETARY OF STATE TALLAHASSEE, FLORIDA </div>	
1. Entity Name A1 CONTRACTORS LLC					
Principal Place of Business 821 # 9 CARDINAL STREET FORT WALTON BEACH, FL 32547 US			Mailing Address 821 # 9 CARDINAL STREET FORT WALTON BEACH, FL 32547 US		
2. Principal Place of Business - No P.O. Box # <i>251 Eglin Pkwy NE</i>		3. Mailing Address <i>251 Eglin Pkwy NE</i>			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State <i>Fort Walton Beach, FL</i>		City & State <i>Fort Walton Beach, FL</i>		4. FEI Number <i>20-4314824</i>	
Zip <i>32547</i>	Country <i>USA</i>	Zip <i>32547</i>	Country <i>USA</i>	5. Certificate of Status Desired <input type="checkbox"/> \$5.00 Additional Fee Required	
6. Name and Address of Current Registered Agent GORDON, JEREMY D 821 #9 CARDINAL STREET FORT WALTON BEACH, FL 32547			7. Name and Address of New Registered Agent Name <i>Jeremy D Gordon</i> Street Address (P.O. Box Number is Not Acceptable) <i>251 Eglin Pkwy NE</i> City <i>Fort Walton Beach</i> FL Zip Code <i>32547</i>		
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 			DATE <i>9-27-07</i>		
FILE NOW!!! FEE IS \$50.00 After January 1, 2008, 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
9. MANAGING MEMBERS/MANAGERS			10. ADDITIONS/CHANGES		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM GORDON, JEREMY D 821 #9 CARDINAL STREET FORT WALTON BEACH, FL 32547	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM Jeremy D. Gordon 251 Eglin Pkwy NE Fort Walton Beach, FL 32547 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM HINTON, JAMES 1 8TH AVE SHALIMAR, FL 32579	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM James Hinton 251 Eglin Pkwy NE Fort Walton Beach, FL 32547 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM GORDON, ALAN 821 #9 CARDINAL STREET FORT WALTON BEACH, FL 32547	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM Alan Gordon 251 Eglin Pkwy NE Fort Walton Beach, FL 32547 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	100111196161 10/23/07--01023--018 **50.00 <input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete	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"/> Delete	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: 			9-27-07 850-659-7069		
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE			Date Daytime Phone #		