


2007 LIMITED LIABILITY COMPANY REINSTATEMENT

DOCUMENT # L06000017348		
1. Entity Name PRESTIGE HOME CONSTRUCTION LLC		

FILED

07 OCT 29 PM 1:40

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Principal Place of Business 7066 SHADY GROVE WAY TALLAHASSEE, FL 32312	Mailing Address 7066 SHADY GROVE WAY TALLAHASSEE, FL 32312
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2. Principal Place of Business - No P.O. Box # 541 E. TENNESSEE Street		3. Mailing Address	
Suite, Apt. #, etc. 13		Suite, Apt. #, etc.	
City & State Tallahassee Florida		City & State	
Zip 32308	Country USA	Zip	Country

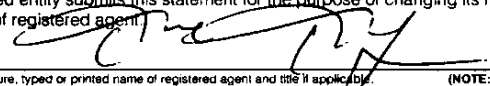
10292007 REIN-LLC CR2E101 (1/07)

4. FEI Number 20-3713102	Applied For Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	\$5.00 Additional Fee Required
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6. Name and Address of Current Registered Agent FULLER, COREY B 7066 SHADY GROVE WAY TALLAHASSEE, FL 32312	
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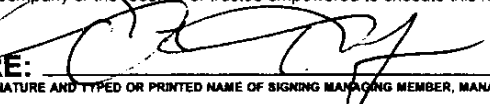
7. Name and Address of New Registered Agent	
Name	
Street Address (P.O. Box Number is Not Acceptable)	
City	
FL	Zip Code

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 	DATE

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
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9. MANAGING MEMBERS/MANAGERS		10. ADDITIONS/CHANGES	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	MGRM FULLER, COREY B 7066 SHADY GROVE WAY TALLAHASSEE, FL 32312 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	300111642143 <input type="checkbox"/> Change <input type="checkbox"/> Addition 11/02/07--01037--021 **\$50.00
TITLE NAME STREET ADDRESS CITY - ST - ZIP	MGRM KNIGHT, KARL L 4512 LOST PINE DRIVE TALLAHASSEE, FL 32305 <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
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
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.	
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SIGNATURE: 	Date 10/29/07	Daytime Phone # (850) 491-8583
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