

2008 LIMITED LIABILITY COMPANY REINSTATEMENT

DOCUMENT # L06000020798 1. Entity Name BUILDING FACTOR LLC					
Principal Place of Business 159 LAKEVIEW DRIVE APT. 202 WESTON, FL 33326			Mailing Address 159 LAKEVIEW DRIVE APT. 202 WESTON, FL 33326		
2. Principal Place of Business - No P.O. Box # 933 SW Kappa Avenue Suite, Apt. #, etc.		3. Mailing Address 933 SW Kappa Avenue Suite, Apt. #, etc.			
City & State Port St Lucie, Florida Zip 34953		City & State Port St Lucie, Florida Zip 34953		Country USA	
4. FEI Number 20-4378186		Applied For <input type="checkbox"/> Not Applicable			
5. Certificate of Status Desired <input type="checkbox"/> \$5.00 Additional Fee Required					
6. Name and Address of Current Registered Agent CASTILLO, RAUL E 159 LAKEVIEW DRIVE APT. 202 WESTON, FL 33326			7. Name and Address of New Registered Agent Name RAUL E. CASTILLO Street Address (P.O. Box Number is Not Acceptable) 933 SW KAPPA AVENUE City PORT ST LUCIE FL Zip Code 34953		
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 <u><i>R. Castillo</i></u> <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>				DATE 07-21-2008	
FILE NOW!!! FEE IS \$277.50		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 CASTILLO, RAUL E 159 LAKEVIEW DRIVE, APT. 202 WESTON, FL 33326	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM CASTILLO, RAUL E. 933 SW KAPPA AVENUE PORT ST LUCIE, FL 34953	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM MARTINEZ, ALMA R 159 LAKEVIEW DRIVE, APT. 202 WESTON, FL 33326	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM MARTINEZ, ALMA R. 933 SW KAPPA AVENUE PORT ST LUCIE, FL 34953	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	800133410478 07/24/08--01050--005 **277.50	
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	<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	<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: <u><i>R. Castillo</i></u> Raul E. Castillo, MGRM 7-21-08 (561) 685-5351					
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE</small>					

FILED

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA



07212008 REIN-LLC CR2E101 (1/07)

REINSTATEMENT 07-08 AL