2008 LIMITED LIABILITY COMPANY REINSTATEMENT

DOCUMENT # L06000032720 FILED 180 174TH AVENUE EAST, LLC 08 APR 18 PM 12: 56 LEGALTÁRI GI STATE TALLAHASSEE, FLORIDA Principal Place of Business Mailing Address 2340 STATE ROAD 580, SUITE W 2340 STATE ROAD 580, SUITE W CLEARWATER, FL 33763 CLEARWATER, FL 33763 Principal Place of Business - No.P.O. Box # 0408 TENENTATENENT (1/97-08 4. FEI Number Not Applicable \$5.00 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name D & B CORPORATE SERVICES, INC. Street Address (P.O. Box Number is Not Acceptable) 5999 CENTRAL AVE., SUITE 202 ST. PETERSBURG, FL 33710 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 Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE In accordance with s. 607.193(2)(b), F.S., the limited liability company did not receive the prior notice. FILE NOW!!! FEE IS \$277.50 Make check payable to Florida Department of State 9. MANAGING MEMBERS/MANAGERS ADDITIONS/CHANGES 10. **MGRM** MORM TITLE ☐ Delete TITLE (Change ☐ Addition 19535 but Blud Suite E NAME GANNAWAY, GUY L NAME STREET ADDRESS 2340 STATE ROAD 580, SUITE W STREET ADDRESS CITY-ST-ZIP CLEARWATER, FL 33763 CITY-ST-7IP Fordian Shores, FC MGRM merm TITLE ☐ Delete TITLE ☐ Addition Stalker, Mark J STALKER, MARK J NAME NAME 19535 Gulf Blvd Swite E 2340 STATE ROAD 580, SUITE W STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CLEARWATER, FL 33763 CITY-ST-7IP Indian Shores, FL TITLE ☐ Delete TITLE ■ Addition NAME NAME 400123778894 STREET ADDRESS STREET ADDRESS 04/16/08--01041--006 **138.75 CITY-ST-Z!P CITY-ST-ZIP 05/09/08 90030 02, Change 50.00 TITLE ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP 11. I hereby certify that the information supplied with this filling 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: SIGNATURE AND TYP ING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE



April 11, 2008

Division of Corporations P.O. Box 6327 Tallahassee, Fl_32314 Att. Sean.Toner.

The following is the reinstatement forms for 2 of annual reports that were incorrectly filed last year. Per your instructions, I have filled out the forms and included checks in the amounts of \$61.25 and \$138.75 with the late fees being waiver as we did not receive the letter informing us of the incorrectly filed forms for last year.

Thanky you for your help in this matter

Katie Stalker Office Manager

Gannaway Builders