PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

LIMITED LIABILITY COMPANY REINSTATEMENT	FLORIDA DEPARTMENT OF STATE Secretary of State DIVISION OF CORPORATIONS	FILED SECRETARY OF STATE DIVISION OF CORPORATIONS 09 APR 28 PM 2: 54
DOCUMENT# LOGOODO71719 1. Limited Liability Company's Name		
SWS CONTRACTING, LLC		200151791692
		200151791692 04/22/0901021008 **521.25 CR2E041 (10/08)
2. Principal Office Address - No P.O. Box # 9307 N. 14TH STREET Suite, Apt. #, etc.	3. Mailing Office Address 9307 N, 14 TH ST. Suite, Apt. #, etc.	4. State/Country of Formation FLORIDA /USA
City & State	City & State	FLORIDA / USA 5. Date Organized or Qualified To Do Business in Florida O7/19/06
TAMPA, FL	TAMPA, FL	6. FEI Number 3369237 Applied For Not Applicable
33612 USA	33612 USA	CERTIFICATE OF STATUS DESIRED \$5.00 Additional Fee required for a Certificate of Status
8. Name and Address of Current Registered Agent Name STEDEN W. STARGEL		A \$100 reinstatement fee is imposed, except in circumstances which the entity did not
Street Address (P.O. Box Number is Not Acceptable) 1629 Salmonberry Street Suite, Apt. #. Etc.		receive the prior notices. By checking this box, you are certifying the prior notices were
Wesley Chape	State Zip Code FL 33543	not received and requesting the \$100 reinstatement be waived.
9. I, being appointed the registered agent of the above named limited liability company, am familiar with and accept the obligations of Chapter 608, F.S.		
Signature of Registered Agent RE	Date 03/30/09	
10. Names and Street Addresses of Managing Members/Managers		
Titles Name of Managing Members/Manager	Street Address of Each	
NA CALL	argel 1629 Salmonber	ry St Wesley Chapel, Fl 33548
REINSTATEMENT 2009		
11. I certify that I am managing member/manager or the receiver or trustee empowered to execute this application as provided for in chapter 608, F.S. I further certify that when filling this reinstatement application the reason for dissolution has been eliminated, the limited liability company name satisfies the requirements of section 608.406, F.S., and that all fees owed by the limited liability company have been paid. The information indicated on this application is true and accurate, and my signature shall have the same legal effect as if made under oath.		
Signature of Manager X Date 3 30 09 Daytime Phone # 8 13 9 27 - 17 141		
Typed or printed name of signing Managing Member/Manager <u>Steven W. Sturgel</u> , MGRM		