

# 2008 LIMITED LIABILITY COMPANY REINSTATEMENT

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS

08 OCT -9 PM 2:22

DOCUMENT # L06000103217	
1. Entity Name LORDSHIP DEVELOPMENT & RESTORATION, LLC	



Principal Place of Business 8838 WENDY LANE SOUTH WEST PALM BEACH, FL 33411 US	Mailing Address 8838 WENDY LANE SOUTH WEST PALM BEACH, FL 33411 US
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2. Principal Place of Business - No P.O. Box # 8461 LAKE WORTH ROAD	3. Mailing Address 8461 LAKE WORTH RD
Suite, Apt. #, etc. 422	Suite, Apt. #, etc. STE 422

10022008 REIN-LLC CR2E101 (1/07)

City & State LAKE WORTH, FLORIDA	City & State LAKE WORTH, FL
Zip 33467	Zip 33467
Country USA	Country USA

4. FEI Number NOT APPLICABLE	Applied For Not Applicable
5. Certificate of Status Desired <input checked="" type="checkbox"/> \$5.00 Additional Fee Required	

6. Name and Address of Current Registered Agent MCALLISTER, JULIANN 8838 WENDY LANE SOUTH WEST PALM BEACH, FL 33411
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7. Name and Address of New Registered Agent Name WILLIAM K MCALLISTER Street Address (P.O. Box Number is Not Acceptable) 8461 LAKE WORTH RD, SUITE 422 City LAKE WORTH FL Zip Code 33467
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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 <i>William K. McAllister</i> Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)	10/3/08 DATE
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FILE NOW!!! FEE IS \$138.75 After January 1, 2009, Fee will be \$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
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9. MANAGING MEMBERS/MANAGERS		10. ADDITIONS/CHANGES	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR MCALLISTER, WILLIAM K 8838 WENDY LANE SOUTH WEST PALM BEACH, FL 33411 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR WILLIAM K. MCALLISTER 8461 LAKE WORTH RD, STE 422 LAKE WORTH, FL 33467 <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	100136688671 10/07/08--01007--012 **143.75 <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
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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: <i>William K. McAllister</i> SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE	10/3/08 Date 561/635-2823 Daytime Phone #

REINSTATEMENT 2008