

2007 LIMITED LIABILITY COMPANY REINSTATEMENT

DOCUMENT# L06000107984

Entity Name: GABRIEL CONSTRUCTION LLC

FILED
Oct 18, 2007
Secretary of State

Current Principal Place of Business:

1317 DUNBARTON CT
KISSIMMEE, FL 34758

New Principal Place of Business:

New Mailing Address:

P.O BOX 351065
PALM COAST, FL 32135

Current Mailing Address:

1317 DUNBARTON CT
KISSIMMEE, FL 34758

FEI Number: 20-5857945 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired (X)
In accordance with s. 607.193(2)(b), F.S., the limited liability company did not receive the prior notice.

Name and Address of Current Registered Agent:

Name and Address of New Registered Agent:

GABRIEL, KAREN P
1317 DUNBARTON CT
KISSIMMEE
FL, FL 34758 US

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.

SIGNATURE: KAREN GABRIEL

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:

Title: P () Delete
Name: GABRIEL, KAREN P
Address: 1317 DUNBARTON COURT
City-St-Zip: KISSIMMEE, FL 34758

Title: VP () Delete
Name: GABRIEL, FLAVIO H
Address: 1317 DUNBARTON COURT
City-St-Zip: KISSIMMEE, FL 34758

ADDITIONS/CHANGES:

Title: P (X) Change () Addition
Name: GABRIEL, KAREN P
Address: P.O BOX 351065
City-St-Zip: PALM COAST, FL 32135

Title: VP (X) Change () Addition
Name: GABRIEL, FLAVIO H
Address: P.O BOX 351065
City-St-Zip: PALM COAST, FL 32135

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my electronic 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: KAREN GABRIEL

P

10/18/2007

Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date