

# 2007 LIMITED LIABILITY COMPANY REINSTATEMENT

DOCUMENT# L06000107984

**FILED**  
**Oct 18, 2007**  
**Secretary of State**

**Entity Name:** GABRIEL CONSTRUCTION LLC

**Current Principal Place of Business:**

1317 DUNBARTON CT  
KISSIMMEE, FL 34758

**New Principal Place of Business:**

**Current Mailing Address:**

1317 DUNBARTON CT  
KISSIMMEE, FL 34758

**New Mailing Address:**

P.O BOX 351065  
PALM COAST, FL 32135

**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:**

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

**Name and Address of New Registered Agent:**

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

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