

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

LIMITED LIABILITY COMPANY REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED
09 FEB 10 AM 11:36
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # L06000114578

1. Limited Liability Company's Name

ALLEGIANT CONSTRUCTION SERVICES, LLC

CR2E041 (10/08)

2. Principal Office Address - No P.O. Box #
5230 SE 14 PLACE

3. Mailing Office Address
5230 SE 14 PLACE

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State
OCALA, FL

City & State
OCALA, FL

Zip Country
34471 US

Zip Country
34471 US

4. State/Country of Formation
FLORIDA, US

5. Date Organized or Qualified To Do Business in Florida

6. FEI Number
20-5963239

Applied For
Not Applicable

7. CERTIFICATE OF STATUS DESIRED \$5.00 Additional Fee required for a Certificate of Status

8. Name and Address of Current Registered Agent

Name
GILLIGAN, KING & GOODING, P.A. W. JAMES GOODING III

Street Address (P.O. Box Number is Not Acceptable)
1531 Southeast 36th Ave.

Suite, Apt. #, Etc.

City
Ocala, FL

State Zip Code
FL 34471

A \$100 reinstatement fee is imposed, except in circumstances which the entity did not receive the prior notices. By checking this box, you are certifying the prior notices were 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

REGISTERED AGENT MUST SIGN

Date 2/6/09

10. Names and Street Addresses of Managing Members/Managers

| Titles | Name of Managing Members/Managers | Street Address of Each Managing Member/Manager | City / State / Zip |
|--------|-----------------------------------|--|---|
| PRES | TODD M. DUFFY | 5230 SE 14 PLACE | OCALA, FL 34471 |
| VP | MICHELE DUFFY | 5230 SE 14 PLACE | OCALA, FL 34471 |
| | | | 500143302085 02/10/09--01044--006 **416.25 |
| | | | REINSTATEMENT 07-09 |
| | | | |

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 filing 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 Managing Member/Manager

Date 2/7/09

Daytime Phone # 352-572-0252

Typed or printed name of signing Managing Member/Manager TODD M. DUFFY