

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

LIMITED LIABILITY COMPANY REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED

2010 OCT 15 PM 1:05

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

600186746266
10/15/10--01060--012 **576.25
CR2E041 (05/10)

DOCUMENT # LD7000028644

1. Limited Liability Company's Name
AJB CONSTRUCTION LLC

2. Principal Office Address - No P.O. Box #
8815 CONROY-WINDERMERE RD (SAME AS BEIT)

Suite, Apt. #, etc.
213

City & State
ORLANDO FL

Zip Country
32835 US

3. Mailing Office Address

Suite, Apt. #, etc.

City & State

Zip Country

4. State/Country of Formation

5. Date Organized or Qualified To Do Business in Florida

6. FEI Number

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 Jim V Blume (Blume Holdings LLC)

Street Address (P.O. Box Number is Not Acceptable)
8815 CONROY-WINDERMERE RD

Suite, Apt. #, Etc.
213

City
ORLANDO

State Zip Code
FL 32835

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 [Signature] Date 9/13/10
REGISTERED AGENT MUST SIGN

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
<u>MGRM Mem</u>	<u>Amanda Blume</u>	<u>Same as above.</u>	
REINSTATEMENT -08-10			

11. E-mail Address: AJBlume@CFLARR.COM
(To be used for future annual report notifications)

12. 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 [Signature] Date 9/13/10 Daytime Phone # 407 341 1817

Typed or printed name of signing Managing Member/Manager Jim V Blume

C.S.