

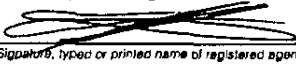



2009 LIMITED LIABILITY COMPANY REINSTATEMENT

DOCUMENT # L07000061721 1. Entity Name C.R.E.W. CONTRACTORS, LLC				<div style="font-size: 2em; font-weight: bold; transform: rotate(-5deg);">FILED</div> <div style="font-size: 1.2em;">2009 JUN 30 PM 1:28</div> <div style="font-size: 0.8em;">SECRETARY OF STATE TALLAHASSEE, FLORIDA</div>	
Principal Place of Business 779 E. RED HOUSE BRANCH ROAD ST. AUGUSTINE, FL 32084		Mailing Address 779 E. RED HOUSE BRANCH ROAD ST. AUGUSTINE, FL 32084		 05292009 REIN-LLC CR2E101 (1/07)	
2. Principal Place of Business - No P.O. Box # Suite, Apt. #, etc. 804 W. 2nd Street		3. Mailing Address Suite, Apt. #, etc. 804 W. 2nd Street			
City & State St. Augustine, FL		City & State St. Augustine, FL			
Zip 32084		Zip 32084			
4. FEI Number 26-0368968		Applied For <input type="checkbox"/> Not Applicable		5. Certificate of Status Desired <input type="checkbox"/> \$5.00 Additional Fee Required	
6. Name and Address of Current Registered Agent GENEAU, JOSEPH 779 E. RED HOUSE BRANCH ROAD ST. AUGUSTINE, FL 32084		7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) 804 W. 2nd Street City St. Augustine FL Zip Code 32084			
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  <small>Signature, typed or printed name of registered agent and title if applicable.</small>		(NOTE: Registered Agent signature required when reinstating)		DATE 6-12-09	
FILE NOW!!! FEE IS \$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	
9. MANAGING MEMBERS/MANAGERS			10. ADDITIONS/CHANGES		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM GENEAU, JOSEPH 779 E. RED HOUSE BRANCH ROAD ST. AUGUSTINE, FL 32084 <input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 804 W. 2nd Street St. Augustine, FL 32084	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition MGRM Armiger, Carl 804 W. 2nd Street St. Augustine, FL 32084	
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 100157783261 06/25/09--01036--030 **277.50	
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	
<div style="display: flex; justify-content: space-between;"> <div> 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. </div> <div style="text-align: right;"> <div style="font-size: 1.5em; font-weight: bold;">REINSTATEMENT</div> <div style="font-size: 2em; font-weight: bold; transform: rotate(-10deg);">6-12-09</div> <div style="font-size: 1.5em;">1904-372921</div> </div> </div>					
SIGNATURE  <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE</small>			Date 6-12-09 Daytime Phone #		