2014 LIMITED LIABILITY COMPANY REINSTATEMENT

APPROVED AND FILED
14 FEB 12 AM 11:59
SECRETARY OF STATE TALLAHASSEE, FLORIDA

DOCUMENT # L07000072653

1. Entity Name
B.A.B. CONSTRUCTION, L.L.C.

Principal Place of Business	Mailing Address
400 CAPITAL CIR. NE STE 18-232 TALLAHASSEE, FL 32308	400 CAPITAL CIR. NE STE 18-232 TALLAHASSEE, FL 32308

2. Principal Place of Business - No P.O. Box #	3. Mailing Address
Suite, Apt. #, etc. 400 Capital Cir. Se Ste 18-232	Suite, Apt. #, etc. 400 Capital Cir. Se Ste 18-232
City & State Tallahassee FL	City & State Tallahassee Fl
Zip 32308 Country	Zip 32308 Country

02122014 REIN-LLC CR2E101 (12/11)

4. FEI Number 41-2245184 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ **$5.00** Additional Fee Required

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
STANLEY, RICCARDO 400 CAPITAL CIR. NE STE 18-232 TALLAHASSEE, FL 32308	Name Riccardo Stanley Street Address (P.O. Box Number is Not Acceptable) 400 Capital Circle SE Ste. 18-232 City Tallassee FL Zip Code 32308

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 _____
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE

FILE NOW!!! FEE IS $377.50

Make check payable to Florida Department of State

9. MANAGING MEMBERS/MANAGERS		10. ADDITIONS/CHANGES	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM STANLEY, RICCARDO 400 CAPITAL CIR. NE STE 18-232 TALLAHASSEE, FL 32308 ☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☑ Change ☐ Addition Riccardo Stanley 400 Capital circle SE, Ste. 18-232 Tallahassee Fl 32308
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition 500256675805 02/12/14--01002--023 **377.50
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition S. HAWKES FEB 12 A.M. EXAMINER
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition

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.

SIGNATURE: _____ rbabconstruction@hotmail.com

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date E-MAIL ADDRESS