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

02122014 REIN-LLC CR2E101 (12/11)

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:

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

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