PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

LIMITED LIABILITY COMPANY REINSTATEMENT	FLORIDA DEPARTMEN Secretary of Si DIVISION OF CORPOR	tate		OG DEC 30 AM W: 47		
DOCUMENT # 207000075623 1. Limited Liability Company's Name Southern Clasoce Builders			SECRETARY OF STATE TALLAHASSEE, PLORIDA 700164030017 12/29/0901033001 **138.75			
Principal Office Address - No P.O. Box # 3. Mailing Office Address			CR2E041 (11/09)			
8091 CR 4763	POBOX 191	Box 1918		4. State/Country of Formation		
Suite, Apt. #, etc. Suite, Apt. #, etc.		}	5. Date Organi	PRIDA ized or Qualified	-	
City & State	City & State			Susiness in Florida July 23,07		
BushNEU FC	Bushnell	shuell FC 41		. FEI Number Applied For		
33513 Country	Zip Counti	" 19 A	7. CERTIFICATE	OF STATUS DESIRED 55.00 Additional Fee requir		
8. Name and Address of Current Registered Agent					7	
Street Address (P.O. Box Number is Not Acceptable 80 91 CR 476 Suite, Apt. #, Etc.	ARHAM B	~		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		
Bushvell State Zip Code 5135/3			reinstatement be waived.			
9. I, being appointed the registered agent of the about Signature of Registered Agent	ve named limited liability company, a	am familiar with and a	ccept the obligation	ons of Chapter 608, F.S. Date 12/26/US	-	
10. Names and Street Addresses of Managing Mer	nbers/Managers			,		
Titles Name of Managing Members/Managi	Name of Street Address of Ea Managing Members/Managers Managing Member/Ma		er	City / State / Zip	▋	
mole Michael ParNAM 8091CR47		CR476B	Bughnell Fl 3351		/3	
REINSTATEMENT			S. HAWKES			
2009-	2009-			DEC 3 ♦ 2009		
			EXAMINER			
11. E-mail Address: SouthwenCl	25510 Builder	5 18 C) 1	Jahoo	, com	1	
all fees owed by the limited liability company have as if made under oath.	the receiver or trustee empowered dissolution has been eliminated, the	annual report notification to execute this application timited liability comparation	5) ation as provided ny name satisfies	for in Chapter 608, F.S. I further certify that when the requirements of section 608.406, F.S., and that		
all fees owed by the limited liability configury/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 11565 Daytime Phone # 352 3 6 3 6 3/5 Typed or printed name of signing Managing Member/Manager Michael J. Pack HA.						
Typed or printed name of signing Managing Member/Manager Michael J Park MA m						