PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

LIMITED LIABILITY FLO	ORIDA DEPARTMENT OF STATE Secretary of State	FILED	
REINSTATEMENT	DIVISION OF CORPORATIONS	09 MAR -3 AM 10: 04	
DOCUMENT # L070000 81323 1. Limited Liability Company's Name		SECRETARY OF STATE TALLAHASSEE, FLORIDA	
Archstone Constructi	m 160		
The charge what is a		400143254494 03/24/0901030031 **138.75 cr2E041 (10/08)	
2. Principal Office Address - No P.O. Box # 3. H 250 ALREAYA TRL	Mailing Office Address	4. State/Country of Formation	
	SPME Ite, Apt. #, etc.	FL Carried Control of Political Control of Politica	
915-503		5. Date Organized or Qualified To Do Business in Florida	
Oviedo FL	y & State	6. FEI Number Applied For Not Applicable	
Zip Country Zip 32765 Seminole	Country	7. CERTIFICATE OF STATUS DESIRED 55 00 Additional Fee required for a Certificate of Status	
8. Name and Address of Curr	rent Registered Agent		
NRAI Services INC		A \$100 reinstatement fee is imposed, except in circumstances which the entity did not receive the prior notices. By checking this	
Street Address (P.O. Box Number is Not Acceptable)			
2731 Executive dr Suite, Apt. # Etc.		box, you are certifying the prior notices were not received and requesting the \$100	
Ste 4	State Zip Code	reinstatement be waived.	
Westen	FL 33331		
9. i, being appointed the registered agent of the above nar	med limited liability company, am familiar with and a	accept the obligations of Chapter 608, F.S.	
Signature of Registered Agent	Kewal	Date / - 6-09	
	ERED AGENT MUST SIGN		
10. Names and Street Addresses of Managing Members/	/Managers Street Address of Each	00,40,477	
Managing Members/Managers Managing Members/Managers	Managing Member/Manag	ger City / State / Zip	
norm Philip E Simmo	ons 879 Kingsbridge	edr oviedo FL 32765	
		400143254494	
7)	*2	02/10/0901013003 **138.75	
REINSTATEM	ENTONOG.		
	Dp		
11)0900000007			
11. 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 Manager Date 1-6-09 Daytime Phone# 407-694-0553			