


2008 LIMITED LIABILITY COMPANY REINSTATEMENT

DOCUMENT # L07000100344		
1. Entity Name TRUE CLASSIC CONSTRUCTION, L.L.C.		

FILED

2008 NOV -6 AM 10: 20

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



Principal Place of Business 2861 GLASSNER AVE. N.E. PALM BAY, FL 32905	Mailing Address 2861 GLASSNER AVE. N.E. PALM BAY, FL 32905
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2. Principal Place of Business - No P.O. Box # 144 N. CYPRESS ST Suite, Apt. #, etc.	3. Mailing Address 144 N CYPRESS ST. Suite, Apt. #, etc.
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10302008 REIN-LLC CR2E101 (1/07)

City & State FELLSMERE, FL	City & State FELLSMERE, FL
Zip 32948	Zip 32948
Country USA	Country USA

4. FEI Number 11-3841731	Applied For <input type="checkbox"/> Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	\$5.00 Additional Fee Required
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6. Name and Address of Current Registered Agent BURKETT, LELAND S JR. 2861 GLASSNER AVE. N.E. PALM BAY, FL 32905

7. Name and Address of New Registered Agent Name LARRY L. BRAND, II Street Address (P.O. Box Number is Not Acceptable) 144 N. CYPRESS ST. City FELLSMERE FL Zip Code 32948


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 11/5/08

FILE NOW!!! FEE IS \$138.75 After January 1, 2009, Fee will be \$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
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9. MANAGING MEMBERS/MANAGERS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR BRAND, LARRY L 2ND 144 N. CYPRESS FELLSMERE, FL 32948 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete

10. ADDITIONS/CHANGES	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	400137710724 11/06/08--01035--009 <input type="checkbox"/> Change <input type="checkbox"/> Addition
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"/> Change <input type="checkbox"/> Addition
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"/> Change <input type="checkbox"/> Addition

REINSTATEMENT-08

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 	DATE 11/5/08
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE	