PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

COMPANY	IDA DEPARTMENT OF STATE Secretary of State	FILED
REINSTATEMENT	DIVISION OF CORPORATIONS	2010 MAR 23 PM 2: 47
DOCUMENT # 021255743 1. Limited Liability Company's Name LD8 - 31922		SECRE TARY OF STATE TALLAHASSEE, FLORIDA
BUSY G's Construction LLC.		800169676248 02/18/1001044007 **238.75
Principal Office Address - No P.O. Box # 3. Mailing Office Address		CR2E041 (11/09)
9750 140th STREET 120	D. BOX 512	4. State/Country of Formation
Suite, Apt. #, etc. Suite, A	upt.#, etc.	5. Date Organized or Qualified To Do Business in Florida 0/2/1/2004
City & State City & S LIVE OAK FLORIDA / TVA		6 FEI Number Applied For
LIVE OAK, FLORIDA LIVE Zip Country Zip	Country	262290428 Not Applicable
	064 SUWANNEE	7. CERTIFICATE OF STATUS DESIRED To a Certificate of Status
8. Name and Address of Current	Registered Agent	
CARLTON GASKINS		A \$100 reinstatement fee is imposed, except in circumstances which the entity did not
Street Address (P.O. Box Number is Not Acceptable) 9750 140 th STREET		receive the prior notices. By checking this box, you are certifying the prior notices were
Suite, Apt. #, Etc.		not received and requesting the \$100
CHY LIVE OAK	State Zip Code FL 32060	reinstatement be waived. 800169676248 n2/04/1001029006 **38 75
9. I, being appointed the registered agent of the above named limited liability company, am familiar with and accept the obligations of Chapter 608, F.S.		
Signature of Registered Agent Carton Daskins Registered Agent Carton Daskins REGISTERED AGENT MUST SIGN		
10. Names and Street Addresses of Managing Members/Managers		
Titles Name of Managing Members/Managers	Street Address of Each Managing Member/Manage	er City / State / Zip
MBR CARLTON GASKINS	9750 140th STR	EET LIVE OAK, FloriDA 32660
MARY A. GASKINS	9750 140th STR	EET LIVE OAK, Florida 32060
	- OFINET	ATEMENT 09/10
	S REPUBLIED 18	100
		, NC
11. E-mail Address: BUSYSCONST @ QOL (COM) (To be used for future annual report notifications)		
12. 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 filling 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 invited 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 Carlton Doublins Date 02/16/2010 Daytime Phone (386) 249 0588		
Typed or printed name of signing Managing Member/Manager		