PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

DOCUMENT # 20800059317 1. Limited Lability Company's Name Stack Housen Construction LLC 2. Principal Office Address - No P.O. Box in 3. Mailing Office Address - State Housen Construction LLC 3. Data Company's No P.O. Box in 3. Mailing Office Address - State Address - No P.O. Box in 3. Mailing Office Address - State - Stat	LIMITED LIABILITY COMPANY REINSTATEMENT	FLORIDA DEPARTMENT OF STATE Secretary of State DIVISION OF CORPORATIONS	10	FILED AUG 16 AM III: 02	
3. Making Office Acadress 3 3943 Down Duran Dr Suite, Apt # dic Dry & State City &	Limited Liability Company's Name		TALL	RETARY OF STATE AHASSEE. FLORIDA	
Suite, As if, etc. City & State City & Sta		3. Mailing Office Address		CR2E041 (05/10)	
Cry & State Cry &	3743 Donovan Dr		4. State/Country of	Formation	
City & State City & State Country Count	Suite, Apt. #, etc	Suite, Apt. #Netc	FL	45.	
Country Coun	D	SKI		or Qualified In Florida / 17 /9 K	
Stop Additional Fee required for a Continual Constitution of Status Desired Continual Constitution of Status Desired Address of Current Registered Agent	T11 E1	City & State	6. FEI Number	Applied For	
Street Address (P.O. Box Number is Not Acceptable) 3743 Denoves Dr Suite, Apt. #, Rec. Denoves Dr Suite, Apt. #, Rec. Denoves Dr Street Address of Each Managing Members/Managers Titles Managing Members/Managers Street Address of Each Managing Members/Managers Titles Managing Members/Managers Date Managing Members/Manager		Zip Country	7. CERTIFICATE OF S	\$5.00 Additional Fee required	
Stephen L., Housen Street Address (P.O. Box Number is Not Acceptable) 3H3 Denover Dr Suite Apt. #, Etc. Dr Suite Apt. #, Etc. Dr Site 275.09 9. I. being appointed the registered agent of the above registered agent with and accept the obligations of Chapter 608, F.S. Signature of Registered Agent REGISTERED AGENT MUST SIGN 10. Names and Street Addresses of Managing Members/Managers Name of Managing Members/Managers Name of Managing Members/Managers Name of Managing Members/Managers Name of Managing Members/Managers 11. E-mail Address: Steve Hausen Castracture Place Community (Part of Chapter 608, F.S. Turnber confly that when filling this sinutationent application the reason for dissolution has been eliminated, the limited liability company name satisfies the requirements of section 608, 606, F.S. and that all these oved by the limited initiating company have been paid. The information indicated on this application is true and accurate, and my signature shall have the same legal effect Signature of Daystime Phone 8 852-735-409.5	8. Name and Address of Current Registered Agent				
Signature of Registered Agent REGISTERED AGENT MUST SIGN 10. Names and Street Addresses of Managing Members/Managers Name of Managing Members/Managers Name of Managing Members/Managers Name of Managing Members/Managers Name of Managing Members/Manager 13743 DUNOULD D Talk hossic FC 32381. 11. E-mail Address: Steve House Construction Eyethoric Construction of the receiver or truther annual report notifications) 12. I certify that I am managing member/manager or the receiver or truther annual report notifications) 13. I certify that I am managing member/manager or the receiver or truther annual report notifications as provided for in Chapter 508, FS. I further certify that when filling this reinstatement application the reason for dissolution has been eliminated, 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 Registered Agent Manager Manager Manager Manager Manager Manager Manager Manager Manager Date Managing Member/Manager Date Managing Member/Manager Date Date Studies of Each City / State / Zip /	Stephen L. Howson Street Address (P.O. Box Number is Not Acceptable 3743 Donoven Dr Suite, Apt. #, Etc. D	900184368589 08/16/1001008009 **377.50			
Titles Name of Managing Members Managers Stephen L. Howson Stephen L. Howson Stephen L. Howson To Like Case of Each Managing Members Manager City / State / Zip REINSTATEMENT 11. E-mail Address: Steve Howson Construction Developed To Judge of National Stephen L. Lording that I am managing member/manager or the receiver or trustee empowered to execute this application as provided for in Chapter 508, 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 608.405, F.S. and that all fees owed by the limited liability company have been gaid. The information indicated on this application is true and accurate, and my signature shall have the same legal effect of Managing Member/Manager Date Studies Daytime Phone # 850 - 739, 4095					
MGRM Stephenh Howson 3743 Donound Dr Talkhassee FC 32389. REINSTATEMENT B 2009-10 REINSTATEMENT To be used for future annual report notifications)	10. Names and Street Addresses of Managing Members/Managers				
11. E-mail Address: Steve House Construction (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, 405, 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 Manager Date 9/14/10 Daytime Phone # 850 - 735 4095				City / State / Zip	
PEINSTATEMENT 11. E-mail Address: Steve House Construction Eyehour Con (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 608,405, 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 Daytime Phone # 850 - 339-4095		3743 Donover Dr	D	Tellahossee FG 32389	
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