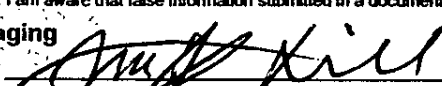


PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

LIMITED LIABILITY COMPANY REINSTATEMENT				FLORIDA DEPARTMENT OF STATE Secretary of State DIVISION OF CORPORATIONS	
DOCUMENT # AC543370					
1. Limited Liability Company's Name T-Square Builders & General Contractors, LLC					
2. Principal Office Address - No P.O. Box # 1250 SE 26 CT.		3. Mailing Office Address 1250 SE 28 CT.		FILED 12 JUL 10 PM 4:08 SECRETARY OF STATE TALLAHASSEE, FLORIDA 400234679354 05/04/12--01035--013 **238.75 CR2E041 (1/11)	
Suite, Apt. #, etc. 103		Suite, Apt. #, etc. 103			
City & State Homestead		City & State Homestead			
Zip 33035	Country USA	Zip 33035	Country USA		
4. State/Country of Formation USA				5. Date Organized or Qualified To Do Business in Florida 10/24/2006	
6. FEI Number 26323653				Applied For ☐ Not Applicable	
7. CERTIFICATE OF STATUS DESIRED ☒				\$5.00 Additional Fee required for a Certificate of Status	
8. Name and Address of Current Registered Agent Name Tyrone McArthur Hill Street Address (P.O. Box Number is Not Acceptable) 1250 SE 28 CT. Suite, Apt. #, Etc. 103 City Homestead				E-mail Address: 400234679354 07/09/12--01009--009 **138.75 hiltmdks2@aol.com (To be used for future annual report notices)	
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  REGISTERED AGENT MUST SIGN				Date 2/1/2012	
10. Names and Street Addresses of Managing Members/Managers					
Titles	Name of Managing Members/Managers	Street Address of Each Managing Member/Manager		City / State / Zip	
Mgrn	Tyrone McArthur Hill	1250 SE 28 CT. Apt#103		Homestead, FL 33035	
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. I am aware that false information submitted in a document to the Department of State constitutes a third degree felony as provided for in s.817.155, F.S.					
Signature of Managing Member/Manager  Date 2/1/2012 Daytime Phone # 786.327.7595					
Typed or printed name of signing Managing Member/Manager					