PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

LIMITED LIABILITY COMPANY REINSTATEMENT

FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED
12 JUL 10 PM 4:08
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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05/04/12--01035--013 **238.75

CR2E041 (1/11)

DOCUMENT # AC543370

1. Limited Liability Company's Name

T- Square Builders & General Contractors,LLC

2. Principal Office Address - No P.O. Box #	3. Mailing Office Address
1250 SE 26 CT.	1250 SE 28 CT.
Suite, Apt. #, etc.	Suite, Apt. #, etc.
103	103
City & State	City & State
Homestead	Homestead
Zip / Country	Zip / Country
33035 / USA	33035 / 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 | State: FL | Zip Code: 33035

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 Tyrone Hill Date 2/1/2012
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/ Manager	City / State / Zip
Mgrm	Tyrone McArthur Hill	1250 SE 28 CT.Apt#103	Homestead,Fl.33035

REINSTATEMENT 7-11-12

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 Tyrone Hill Date 2/1/2012 Daytime Phone # 786.327.7595

Typed or printed name of signing Managing Member/Manager