PLEASE READ ALL INSTRUCTIONS BEFORE

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

LIMITED LIABILITY COMPANY REINSTATEMENT

FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # L09000085556

1. Limited Liability Company's Name
Schan Construction LLC

2. Principal Office Address - No P.O. Box #	3. Mailing Office Address
6694 Columbia Park Drive	800 E. Orangethorpe ave
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: Jacksonville, Florida	City & State: Anaheim, CA
Zip: 32258 Country: USA	Zip: 92801 Country: USA

CR2E041 (1/14)

4. State/Country of Formation: Florida

5. Date Organized or Qualified To Do Business In Florida: September 3, 2009

6. FEI Number: 90-0513664 ☐ 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: C T Corporation System

Street Address (P.O. Box Number is Not Acceptable) Suite,
1200 South Pine Island Road

Apt. #, Etc.

City: Plantation State: FL Zip Code: 33324

9. I, being appointed the registered agent of the above named limited liability company, am familiar with and accept the obligations of Chapter 605, F.S.

Signature of Registered Agent: Jane Zachritz REGISTERED AGENT MUST SIGN Jane Zachritz Asst. Secretary Date: 10/05/2015

10. Names and Street Addresses of Authorized Representatives/Managers

Titles	Name of Authorized Representatives/ Managers	Street Address of Each Authorized Representative/ Manager	City / State / Zip
AR	Cornelius Lansing II	6694 Columbia Park Drive	Jacksonville, Florida 32258

11. E-mail Address: ctrodriguez@sourcerefrigeration.com
(To be used for future annual report notifications)

12. I certify that I am an authorized representative/ manager or the receiver or trustee empowered to execute this application as provided for in Chapter 605, 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 requirement of section 605.0012, 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 authorized representative/member: CL Date: 10/2/15 Daytime Phone #: 904-260-0464

Typed or printed name of signing authorized representative/member: Cornelius Lansing II

10/5

Florida Department of State
Division of Corporations
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LIMITED LIABILITY REINSTATEMENT
SCHAN CONSTRUCTION LLC

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