


# 2011 LIMITED LIABILITY COMPANY REINSTATEMENT

<b>DOCUMENT # L10000051806</b> 1. Entity Name <b>SEVEN HILLS CONSTRUCTION LLC</b>	
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FILED

11 NOV -4 PM 2:14

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA



Principal Place of Business <b>63 HOME STRETCH LANE 3A CRAWFORDVILLE, FL 32327</b>	Mailing Address <b>P O BOX 642 CRAWFORDVILLE, FL 32326</b>
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2. Principal Place of Business - No P.O. Box # Suite, Apt. #, etc.	3. Mailing Address Suite, Apt. #, etc.
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11042011 REIN-LLC CR2E101 (1/07)

City & State Zip Country	City & State Zip Country
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4. FEI Number	<input type="checkbox"/> Applied For <input type="checkbox"/> Not Applicable
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6. Name and Address of Current Registered Agent  <b>MARTIN, CHERYL R 1589 METROPOLITAN BLVD SUITE 102 TALLAHASSEE, FL 32308</b>	7. Name and Address of New Registered Agent Name: <b>Christopher J. Hill</b> Street Address (P.O. Box Number is Not Acceptable): <b>33 CROFTAN</b> City: <b>Crawfordville</b> FL Zip Code: <b>32327</b>
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8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

SIGNATURE: *Christopher J. Hill* DATE: 11-4-11

(NOTE: Registered Agent signature required when reinstating)

<b>FILE NOW!!! FEE IS \$238.75</b> <b>After January 1, 2012, Fee will be \$377.50</b>		<b>Make check payable to</b> <b>Florida Department of State</b>
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9. MANAGING MEMBERS/MANAGERS		10. ADDITIONS/CHANGES	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	P <input type="checkbox"/> Delete <b>CHRIS, HILL</b> <b>P O BOX 642</b> <b>CRAWFORDVILLE, FL 32326</b>	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition  <b>100214000551</b> <b>11/04/11--01018--014 **238.75</b>
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete <b>REINSTATEMENT</b> <b>2011</b>	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

11. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am a managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

SIGNATURE: *Chris Hill* DATE: 11-4-11 DAYTIME PHONE #: 850-363-7677

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE