


2013 LIMITED LIABILITY COMPANY REINSTATEMENT

APPROVED
AND
FILED

13 OCT -2 PM 4:21

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # L10000070346		
1. Entity Name A-MINORTY CONSTRUCTION LLC.		

Principal Place of Business 2913 SPRING HILL RD TALLAHASSEE, FL 32310	Mailing Address PO BOX 20442 TALLAHASSEE, FL 32311
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2. Principal Place of Business - No P.O. Box # 2422 N. Meridian Suite, Apt. #, etc. #108C	3. Mailing Address P.O. BOX 20442 Suite, Apt. #, etc.
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City & State Tallahassee FL	City & State Tallahassee FL
Zip 32303	Zip 32316
Country USA	Country USA



10022013 REIN-LLC CR2E101 (12/11)

4. FEI Number NOT APPLICABLE	Applied For Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	\$5.00 Additional Fee Required
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6. Name and Address of Current Registered Agent GREEN, JAMES 2008 PARK AVE STE C TALLAHASSEE, FL 32301	7. Name and Address of New Registered Agent Name: Green James Street Address (P.O. Box Number is Not Acceptable): 58 ALLEN Green Rd City: Sopchoppy FL Zip Code: 32358
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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.

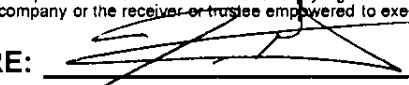
SIGNATURE:  (NOTE: Registered Agent signature required when reinstating)

DATE: 10/2/13

FILE NOW!!! FEE IS \$238.75 After January 1, 2014, Fee will be \$377.50	Make check payable to Florida Department of State
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9. MANAGING MEMBERS/MANAGERS		10. ADDITIONS/CHANGES	
TITLE NAME STREET ADDRESS CITY- ST- ZIP	MGRM GREEN, JAMES PO BOX 20442 TALLAHASSEE, FL 32316 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY- ST- ZIP	REINSTATEMENT <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	13 <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	800252344128 10/03/13--01001--010 **238.75 <input type="checkbox"/> Change <input type="checkbox"/> Addition
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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:  10/2/13 aminityconstructionllc@gmail.com

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date E-MAIL ADDRESS