

2012 LIMITED LIABILITY COMPANY REINSTATEMENT

DOCUMENT # L10000072979		
1. Entity Name APRIL KING DEMOLITION SERVICES, LLC		

Principal Place of Business 1500 CALMING WATER DR. UNIT 1101 FLEMING ISLAND, FL 32003	Mailing Address 1500 CALMING WATER DR. UNIT 1101 FLEMING ISLAND, FL 32003
---	---

2. Principal Place of Business - No P.O. Box # 1358 Brookgreen Way Suite, Apt. #, etc.	3. Mailing Address 1358 Brookgreen Way Suite, Apt. #, etc.
--	--

City & State Fleming Island Fla. Zip Fla. 32003	Country CLAY	City & State Fleming Island Fla. Zip 32003	Country CLAY
--	-----------------	---	-----------------

6. Name and Address of Current Registered Agent KING, APRIL 1500 CALMING WATER DR. UNIT 1101 FLEMING ISLAND, FL 32003		7. Name and Address of New Registered Agent Name April King Street Address (P.O. Box Number is Not Acceptable) 1358 Brookgreen Way City Fleming Island FL Zip Code 32003	
--	--	---	--

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 _____

FILE NOW!!! FEE IS \$377.50	Make check payable to Florida Department of State
------------------------------------	--

9. MANAGING MEMBERS/MANAGERS		10. ADDITIONS/CHANGES	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	MGR KING, APRIL 1500 CALMING WATER DR. UNIT 1101 FLEMING ISLAND, FL 32003 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	MGR King April 1358 Brookgreen Way Fleming Island Fla. 32003 <input checked="" 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
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: April King 3-5-12

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

FILED

12 MAR -5 AM 10:23

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



03052012 REIN-LLC CR2E101 (12/11)

4. FEI Number	Applied For <input type="checkbox"/> Not Applicable
---------------	--

5. Certificate of Status Desired <input type="checkbox"/>	\$5.00 Additional Fee Required
---	--------------------------------

7. Name and Address of New Registered Agent	
Name April King	
Street Address (P.O. Box Number is Not Acceptable) 1358 Brookgreen Way	
City Fleming Island	FL Zip Code 32003

REINSTATEMENT

11-12
CR 3-5-12