COMPANY			ORIDA DEPARTMENT OF STATE Secretary of State DIVISION OF CORPORATIONS		16 NOV - 3 AM 10: 28	
1. Limited Llat	ENT # L15000083357 STRUCTION SERVICES 102 AVENUE FL, 33018	, LLC			EURETARY OF STATE	
-	fice Address - No P.O. Box#	3. Mailing Office Address		_	CR2E041 (1/14)	
14400 NW 102 AVE Suite, Apt. #, etc.		14400 NW 102 AVE Suite. Apt. #, etc.		4. State/Country of Formation FLORIDA/USA		
		······································		*** *5; Date Organized or Qualified To Do Business in Florida		
City & State HIALEAH, I	FLORIDA	City & State HIALEAH, FLORIDA		6. FEI Number Applied For		
Zip	Country	Zip	Country		47-4122771 Not Applicable	
33018	USA	33018	USA	CERTIFICATE OF	7. CERTIFICATE OF STATUS DESIRED	
8. Name and Address of Current Registered Agent Name						
LLOYD HUNT					700291949857 11/03/1601022022 **243.75	
Street Address (P.O. Box Number is Not Acceptable) Suite, 14400 NW 102 AVE				- 11/0		
Apt. *, Etc.				—		
City HIALEAH						
9. I, being a Signature of Registered Ag	ppointed the registered agent of the a	bove named limited liability		accept the obligations	of Chapter 605, F.S. Date	
10. Names an	d Street Addresses of Authorized Rep	esentatives/Managers				
Titles	Name of Authorized Representatives/ Managers		Street Address of Each Authorized Representative/ Manager		City / State / Zip	
AMBR	ROBERT MOORE		14400 NW 102 AVE		HIALEAH, FL. 33018	
	DEIMOT					
	REINSTATEMENT				. HAWKES	
				NOV - 4 A.M.		
-10000			EKAMINER			
11. E-mail Add	Iress: RSUAREZ@GIMRC	CK.COM	···· , ,. ,. ,. ,. ,. ,. ,. ,. ,. ,. ,. ,. ,			
certify that wh 605.0012, F.S shall have the felony as prov Signature of a	en filing this reinstatement applicati ., and that all fees owed by the limit	of manager or the receiver on the reason for dissoluti ed liability company have oath. I am aware that fals	on has been eliminated, the lin been paid. The information inc e information submitted in a do	ute this application as nited liability company dicated on this applica ocument to the Depart	s provided for in Chapter 605, F.S. I further r name satisfies the requirement of section tion is true and accurate, and my signature timent of State constitutes a third degree ytlime Phone #	

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETINGTHIS FORM