M01000001368

Florida Department of State
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LIMITED LIABILITY REINSTATEMENT

LODESTAR CONSTRUCTION COMPANY, LLC

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LIMITED LIABILITY COMPANY REINSTATEMENT

FLORIDA DEPARTMENT OF STATE
Jim Smith
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # M01000001368

1. Limited Liability Company's Name
Lodestar Construction Company, LLC

2. Principal Office Address	3. Mailing Office Address
2008 Riverside Avenue	2008 Riverside Avenue
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: Jacksonville, Florida	City & State: Jacksonville, Florida
Zip: 32204 Country: USA	Zip: 32204 Country: USA

4. State/Country of Formation: Delaware

5. Date Organized or Qualified To Do Business in Florida: 6/18/01

6. FEI Number: 59-3725291 ☐ 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: Fred D. Franklin, Jr.

Street Address (P.O. Box Number is Not Acceptable): 50 North Laura Street

Suite, Apt. #, Etc.: Suite 3900

City: Jacksonville State: FL Zip Code: 32202

9. I, being appointed the registered agent of the above named limited liability company, am familiar with and accept the obligations of Chapter 608, F.S.

Signature of Registered Agent: _____ Date: 11/4/02
REGISTERED AGENT MUST SIGN

CR3E041 (8/01)

10. Names and Street Addresses of Managing Members/Managers

Titles	Name of Managing Members/Managers	Street Address of Each Managing Member/Manager	City / State / Zip
MGR	Fred D. Franklin	50 N. Laura Street, Suite 2900	Jacksonville, Florida 32202
MGR	Dan Monorief	2008 Riverside Avenue	Jacksonville, Florida 32204

11. I certify that I am managing member/manager or the receiver or trustee empowered to execute this application as provided for in chapter 608, 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 requirements of section 608.406, 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.

Signature of Managing Member/Manager: _____ Date: 11/4/02 Daytime Phone #: 904-798-5455

Typed or printed name of signing Managing Member/Manager: Fred D. Franklin, Manager