

PLEASE READ INSTRUCTIONS BEFORE COMPLETING THIS FORM

NO2000002922

LIMITED LIABILITY COMPANY
REINSTATEMENT

FLORIDA DEPARTMENT OF STATE
 Secretary of State
 DIVISION OF CORPORATIONS

FILED

03 OCT 13 AM 9:47

SECRETARY OF STATE
 TALLAHASSEE, FLORIDA

DOCUMENT # **MO2000002922**

1. Limited Liability Company's Name
SPECIALIST TRADES CONTRACTORS LTD. CO.

600024024896
 10/22/03--01050--024 **150.00

2. Principal Office Address
208 CUBLEY DR.

3. Mailing Office Address
B RICHEL PL.

Suite, Apt. #, etc.

City & State
SEAGOVILLE, TX.

City & State
PALM COAST FL.

Zip Country Zip Country
75159 U.S.A. 32164 U.S.A.

4. State/Country of Formation
TEXAS

5. Date Organized or Qualified To Do Business in Florida
11-05-02

6. FEI Number
52-236688Z

7. CERTIFICATE OF STATUS DESIRED \$5.00 Additional Fee required for a Certificate of Status

8. Name and Address of Current Registered Agent

Name
DOYLE T. LOVELADY

Street Address (P.O. Box Number is Not Acceptable)
B RICHEL PL.

Suite, Apt. #, Etc.

City
PALM COAST

State Zip Code
FL 32164

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 **[Signature]** Date **10-06-03**

REGISTERED AGENT MUST SIGN

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	DOYLE T. LOVELADY	B RICHEL PL.	PALM COAST, FL. 32164
MGR	MAURICE A. LOVELADY SR.	208 CUBLEY DR.	SEAGOVILLE, TX. 75159

REINSTATEMENT 2003

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 **[Signature]** Date **10-06-03** Daytime Phone # **386-451-0381**

Typed or printed name of signing Managing Member/Manager **DOYLE T. LOVELADY**

CR2EM41 (10/02)