

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.**

Suite, Apt. #, etc. . . . .

City & State  
**SEAGOVILLE, TX.**

Zip Country  
**75159 U.S.A.**

3. Mailing Office Address  
**B RICHEL PL.**

Suite, Apt. #, etc. . . . .

City & State  
**PALM COAST FL.**

Zip Country  
**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**

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  
**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)