2006 LIMITED LIABILITY COMPANY REINSTATEMENT

SECRETARY OF STATE **DOCUMENT # M05000003985** DIVISION OF CORPORATIONS S & H CONSTRUCTION, L.L.C. 06 DEC 11 AM 9: 25 Principal Place of Business Mailing Address 1700 EMORY FOLMAR BOULEVARD 1700 EMORY FOLMAR BOULEVARD MONTGOMERY, AL 36110 MONTGOMERY, AL 36110 2. Principal Place of Business 3. Mailing Address P. O. Box 242942 Suite, Apt. #, etc. Suite, Apt. #, etc. 10232006 REIN-LLC CR2E101 (11/05) City & State City & State 4. FEI Number Applied For Montgomen 20-0355030 Not Applicable Zip Country \$5.00 Additional 5. Certificate of Status Desired USA Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name SCHILLECI, FRANK Street Address (P.O. Box Number is Not Acceptable) **511 LANTANA STREET** PANAMA CITY BEACH, FL 32407-3119 Zip Code 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. (NOTE: Registered Agent signature required when reinstating) DATE FILE NOW!!! FEE IS \$150.00 Make check payable to After January 1, 2007, Fee will be \$200.00 Florida Department of State MANAGING MEMBERS/MANAGERS ADDITIONS/CHANGES 9. 10. MGR TITLE ☐ Delete TITLE ☐ Change Addition HOGAN, ROBERT W 190081492451 2333 HALCYON BOULEVARD STREET ADDRESS STREET ADDRESS 10/31/06--01084--007 **150.00 MONTGOMERY, AL 36117 CITY-ST-7IP CITY-ST-7(P ☐ Delete TITLE TITLE ☐ Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TIT) F ☐ Delete TITLE ☐ Change Addition NAMÉ NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE □ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY-ST-ZIP Delete TITLE TITLE ☐ Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete Change ☐ Addition NAME STREET ADDRESS CITY-ST-7IP 11. 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER MANAGER, OR AUTHORIZED REPRESENTATIVE

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