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DIVISION OF CORPORATION

LIMITED LIABILITY REINSTATEMENT

O & M CONSTRUCTION, LLC

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LIMITED LIABILITY COMPANY REINSTATEMENT		 FLORIDA DEPARTMENT OF STATE Secretary of State DIVISION OF CORPORATIONS		06 SEP 26 AM 10:28 FILED SECRETARY OF STATE TALLAHASSEE, FLORIDA CR2E041 (8/05)																																	
DOCUMENT # M03000004721																																					
1. Limited Liability Company's Name O & M CONSTRUCTION, LLC																																					
2. Principal Office Address 5655 LOOKOUT RD. Suite, Apt. #, etc. STE 201 City & State BOULDER, CO Zip 80301		3. Mailing Office Address PO Box 15710 Suite, Apt. #, etc. City & State Sarasota, FL Zip 34277		4. State/Country of Formation Colorado 5. Date Organized or Qualified To Do Business in Florida 08/23/2005 6. FBI Number 201156217 7. CERTIFICATE OF STATUS DESIRED ☒																																	
8. Street and Address of Current Registered Agent Name C T CORPORATION SYSTEM Street Address (P.O. Box Number is Not Acceptable) 1200 SOUTH PINE ISLAND ROAD Suite, Apt. #, Etc. City PLANTATION State FL Zip Code 33324																																					
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 <u>Connie Bryan</u> CONNIE BRYAN SPECIAL ASSISTANT SECRETARY REGISTERED AGENT MUST SIGN Date <u>9/26/2006</u>																																					
10. Names and Street Addresses of Managing Members/Managers <table border="1" style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th>Title</th> <th>Name of Managing Member/Managers</th> <th>Street Address of Each Managing Member/Manager</th> <th>City / State / Zip</th> </tr> </thead> <tbody> <tr> <td>MGR</td> <td>Richard Oswald</td> <td>973 Rhodes Ave.</td> <td>Sarasota, FL 34237</td> </tr> <tr><td> </td><td> </td><td> </td><td> </td></tr> <tr><td> </td><td> </td><td> </td><td> </td></tr> <tr><td> </td><td> </td><td> </td><td> </td></tr> <tr><td> </td><td> </td><td> </td><td> </td></tr> <tr><td> </td><td> </td><td> </td><td> </td></tr> <tr><td> </td><td> </td><td> </td><td> </td></tr> </tbody> </table>						Title	Name of Managing Member/Managers	Street Address of Each Managing Member/Manager	City / State / Zip	MGR	Richard Oswald	973 Rhodes Ave.	Sarasota, FL 34237																								
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MGR	Richard Oswald	973 Rhodes Ave.	Sarasota, FL 34237																																		
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 <u>Richard Oswald</u> Date <u>9-26-06</u> Daytime Phone # <u>303-478-1172</u> Typed or printed name of signing Managing Member/Manager <u>Richard Oswald</u>																																					

TLLR - 10/06/05 C.T. Bryan Office