

# 2008 LIMITED LIABILITY COMPANY REINSTATEMENT


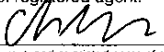

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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA



03172008 REIN-LLC CR2E101 (1/07)

DOCUMENT # M05000006576			
1. Entity Name PARAMOUNT CONSTRUCTION SERVICES, LLC			
Principal Place of Business 5700 C SUNNYSIDE AVE BELTSVILLE, MD 20705		Mailing Address 5700 C SUNNYSIDE AVE BELTSVILLE, MD 20705	
2. Principal Place of Business - No P.O. Box # 21480 PACIFIC BLVD Suite, Apt. #, etc. #100		3. Mailing Address 21480 PACIFIC BLVD Suite, Apt. #, etc. #100	
City & State STERLING, VA		City & State STERLING, VA	
Zip 20166	Country U.S.A.	Zip 20166	Country U.S.A.
4. FEI Number 52-2107678		Applied For Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>		\$5.00 Additional Fee Required	
6. Name and Address of Current Registered Agent PACIFIC REGISTERED AGENTS, INC. 92 SADBERRY ROAD QUINCY, FL 32351		7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL 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. SIGNATURE  Charles F. Mathias, President 4/14/08 Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE			
FILE NOW!!! FEE IS \$277.50		In accordance with s. 607.193(2)(b), F.S., the limited liability company did not receive the prior notice.	
Make check payable to Florida Department of State			
9. MANAGING MEMBERS/MANAGERS		10. ADDITIONS/CHANGES	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM SARANTIS, CHRISTOS S 5700 C SUNNYSIDE AVE BELTSVILLE, MD 20705 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition 800120859918 03/20/08--01051--0080 <input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
11. I 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:  Tom Christopoulos		Date 3.17.08 Daytime Phone # 661.702.9100	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE			

REINSTATEMENT 2007-08