PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

FILED

10 MAR 10 PM 1:32

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

LIMITED LIABILITY COMPANY REINSTATEMENT

FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

400171665844
03/09/10--01022--017 **560.00

CR2E041 (11/09)

DOCUMENT # M06000005479

1. Limited Liability Company's Name
CASE CONSTRUCTION, LLC

2. Principal Office Address - No P.O. Box #		3. Mailing Office Address	
56 MIDTOWN PK W		56 MIDTOWN PK W	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
SUITE A		SUITE A	
City & State		City & State	
MOBILE, AL		MOBILE, AL	
Zip	Country	Zip	Country
36606	USA	36606	USA

4. State/Country of Formation
ALABAMA, USA

5. Date Organized or Qualified To Do Business in Florida 10/3/06

6. FEI Number 20-5072299 ☐ 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
CT Corporation System

Street Address (P.O. Box Number is Not Acceptable)
1200 South Pine Island Road

Suite, Apt. #, Etc.

City: Tallahassee | State: FL | Zip Code: 33324

☒ A $100 reinstatement fee is imposed, except in circumstances which the entity did not receive the prior notices. By checking this box, you are certifying the prior notices were not received and requesting the $100 reinstatement be waived.

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: Danny Verdecchia, Jr. Asst. Secretary — Date 3/5/2010

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	STEPHEN CASE	56 MIDTOWN PK W SUITE A	MOBILE, AL 36606
MGRM	AUSTIN ALLEN	14 BIENVILLE AVE	MOBILE, AL 36606

L. SELLERS
MAR 11 2010
EXAMINER

REINSTATEMENT 07-2010

11. E-mail Address: AALLEN@CASECC.COM (To be used for future annual report notifications)

12. 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 608.408, 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 3/4/2010 Daytime Phone # 251-338-2400

Typed or printed name of signing Managing Member/Manager: AUSTIN ALLEN