2008 LIMITED LIABILITY COMPANY REINSTATEMENT

DOCUMENT# M07000005698

Entity Name: POINTE GENERAL CONTRACTORS LLC

1208 POINTE CENTRE DR STE 260

City-St-Zip: CHATTANOOGA, TN 34721

Address:

FILED Nov 03, 2008 Secretary of State

Current Principal Place of Business:		New Principal PI	New Principal Place of Business:	
	INTEER DRIVE DOGA, TN 37416			
Current Mailing Address:		New Mailing Add	New Mailing Address:	
	INTEER DRIVE OOGA, TN 37416			
FEI Number: In accordance	14-1881081 FEI Number Applied For () e with s. 607.193(2)(b), F.S., the limited liability co	FEI Number Not Applicable (ompany did not receive the prior n		
Name and	Address of Current Registered Agent:	Name and Addre	ss of New Registered Agent:	
725 GULF : DENTIN, F	X BOR LANDING SHORE DRIVE L 32541 US named entity submits this statement for the	purpose of changing its regis	tered office or registered agent, or both	
in the State		parpood or changing to regio	tered embe of regiotered agent, or bear	
SIGNATUR	RE: REX ALLEN			
	Electronic Signature of Registered Ag	gent	Date	
MANAGING MEMBERS/MANAGERS:		ADDITIONS/CHANGE	ADDITIONS/CHANGES:	
Title: Name: Address: City-St-Zip:	MGRM () Delete ALLEN, REX 1208 POINTE CENTRE DR STE 260 CHATTANOOGA, TN 34721	Title: Name: Address: City-St-Zip:	()Change ()Addition	
Title: Name: Address: City-St-Zip:	MGRM () Delete ALLEN, RYAN 1208 POINTE CENTRE DR STE 260 CHATTANOOGA, TN 34721	Title: Name: Address: City-St-Zip:	()Change ()Addition	
Title: Name: Address: City-St-Zip:	MGRM () Delete ALLEN, LAURA 1208 POINTE CENTRE DR STE 260 CHATTANOOGA, TN 34721	Title: Name: Address: City-St-Zip:	() Change () Addition	
Title:	MGRM () Delete	Title:	() Change () Addition	

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my electronic 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.

Address:

City-St-Zip:

SIGNATURE: REX ALLEN MR. 11/03/2008