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Name:	BLOCK BUILDERS, LLC
Document #:	
Order #:	14522397

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Certificate of Good Standing:	☐			
Certified Copy of	☐			
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LIMITED LIABILITY COMPANY REINSTATEMENT

FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # M09000001804

CR2E041 (1/14)

1. Limited Liability Company's Name
Block Builders, LLC

2. Principal Office Address - No P.O. Box #	3. Mailing Office Address
39279 Tommy Moore Rd	39279 Tommy Moore Rd
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: Gonzales, LA	City & State: Gonzales, LA
Zip: 70737 / Country: USA	Zip: 70737 / Country: USA

4. State/Country of Formation: Louisiana

5. Date Organized or Qualified To Do Business in Florida: 5/9/2009

6. FEI Number: 26-2248426 — 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: NRAI SERVICES, INC

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 605, F.S.

Signature of Registered Agent: Christine Kalm — Christine Kalm, Assistant Secretary — Date: 8/23/2022

REGISTERED AGENT MUST SIGN

10. Names and Street Addresses of Authorized Representatives/Managers

Titles	Name of Authorized Representatives/ Managers	Street Address of Each Authorized Representative/ Manager	City / State / Zip
MGR	Jason E. Keller	4545 Post Oak Place Dr	Houston, TX 77027

11. E-mail Address: mstafford@blockcompanies.com
(To be used for future annual report notifications)

12. I certify that I am an authorized representative/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 605.0012, 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. I am aware that false information submitted to the Department of State constitutes a third degree felony as provided in s. 817.155, F.S.

Signature of Authorized Representative/Manager: [signature] — Date: 8/22/2022 — Daytime Phone #:

Typed or printed name of signing Authorized Representative/Manager: Jason E. Keller