PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

		!
COMPANY	DEPARTMENT OF STATE Katherine Harris Secretary of State ISION OF CORPORATIONS	SECRETARY OF STATE DIVISION OF CORPORATIONS OO NOV 14 AM 11: 05
DOCUMENT # 1. Limited Liability Company's Name Taylor Ball Construction Management, L.C.		REINSTATEMENT 2000
1	office Address	4. State/Country of Formation
Suite, Apt. #, etc. Suite 200 Suite		Towa 5. Date Organized or Qualified To Do Business in Florida March 24, 1999
	ines, lowa	6. EEI Number Applied For A2-1449109 Not Applicable
Zip 50321 Country USA Zip 50321	Country USA	CERTIFICATE OF STATUS DESIRED SS00 Additional Resource of Corporation of Status
Name CT CORPORATION SYSTEM Street Address (P.O. Box Number is Not Acceptable) 1200 SOUTH PINE ISLAND ROAD Suite, Apt. #, Etc. City PLANTATION State Zip Code FL 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 James M. Halpin Date ///X/00 REGISTERED AGENT MUST SIGNASSISTANT Secretary		
10. Names and Street Addresses of Managing Members/Managers Titles		
MCR Jack P. Taylor	6100 Thornton Avenue,	, Ste_200 Des_Moines, IA 50321
,		5000034785951
		-11/28/0001081001 ****150.00 ****150.00
11. I certify that I am managing member/manager or the receiver or filling this reinstatement application the leason for dissolution has all fees owed by the limited liability combany have been paid. The as if made under oath. Signature of Managing Member/Manager	been eliminated, the limited liability compa	any name satisfies the requirements of section 608, 406, F.S., and that is true and accurate, and my signature shall have the same legal effect