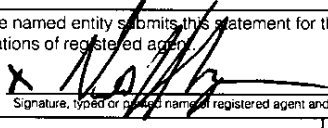
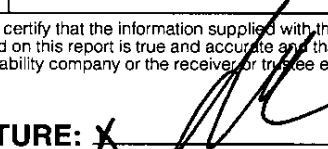


# 2005 LIMITED LIABILITY COMPANY REINSTATEMENT

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS  
05 NOV -7 AM 8:17

|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |                                                                                                                   |                                                                                      |                                                                                       |                                                                                                                               |  |
|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------------------------------------|--|
| <b>DOCUMENT # M99000001218</b><br>1. Entity Name<br><b>IBEX CONSTRUCTION, LLC</b>                                                                                                                                                                                                                                                                                                                                                                                                                             |                                                                                                                   |                                                                                      |                                                                                       |                                              |  |
| Principal Place of Business<br><b>1372 BROADWAY, 15TH FLOOR<br/>NEW YORK, NY 10018</b>                                                                                                                                                                                                                                                                                                                                                                                                                        |                                                                                                                   |                                                                                      | Mailing Address<br><b>1372 BROADWAY, 15TH FLOOR<br/>NEW YORK, NY 10018</b>            |                                                                                                                               |  |
| 2. Principal Place of Business                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                                                                                                   | 3. Mailing Address                                                                   |                                                                                       |                                                                                                                               |  |
| Suite, Apt. #, etc.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |                                                                                                                   | Suite, Apt. #, etc.                                                                  |                                                                                       |                                                                                                                               |  |
| City & State                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |                                                                                                                   | City & State                                                                         |                                                                                       |                                                                                                                               |  |
| Zip                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           | Country                                                                                                           | Zip                                                                                  | Country                                                                               | 10212005 REIN-LLC CR2E101 (6/04)<br>4. FEI Number<br><b>13-4068925</b>                                                        |  |
| 5. Certificate of Status Desired <input checked="" type="checkbox"/> \$5.00 Additional Fee Required                                                                                                                                                                                                                                                                                                                                                                                                           |                                                                                                                   |                                                                                      |                                                                                       | Applied For<br><input type="checkbox"/> Not Applicable                                                                        |  |
| 6. Name and Address of Current Registered Agent                                                                                                                                                                                                                                                                                                                                                                                                                                                               |                                                                                                                   |                                                                                      | 7. Name and Address of New Registered Agent                                           |                                                                                                                               |  |
| <b>C T CORPORATION SYSTEM<br/>1200 SOUTH PINE ISLAND ROAD<br/>PLANTATION, FL 33324</b>                                                                                                                                                                                                                                                                                                                                                                                                                        |                                                                                                                   |                                                                                      | Name<br>Street Address (P.O. Box Number is Not Acceptable)<br>City <b>FL</b> 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                                                                                                                                                                                                                                                                                                                                                                                                                   |                                                                                                                   | (NOTE: Registered Agent signature required when reinstating)<br>DATE <b>10/29/15</b> |                                                                                       |                                                                                                                               |  |
| <b>FILE NOW!!! FEE IS \$150.00<br/>After January 1, 2006, Fee will be \$200.00</b>                                                                                                                                                                                                                                                                                                                                                                                                                            |                                                                                                                   | <b>Make check payable to<br/>Florida Department of State</b>                         |                                                                                       |                                                                                                                               |  |
| 9. MANAGING MEMBERS/MANAGERS                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |                                                                                                                   |                                                                                      | 10. ADDITIONS/CHANGES                                                                 |                                                                                                                               |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                                                                                                                                                                                                                                                                                                                                                                                                                                                                | <b>MGRM<br/>FRANKL, ANDY<br/>1372 BROADWAY, 15TH FLOOR<br/>NEW YORK, NY 10018</b> <input type="checkbox"/> Delete |                                                                                      | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                                        | <b>400061183644</b> <input type="checkbox"/> Change <input type="checkbox"/> Addition<br><b>11/07/05--01010--008 **205.00</b> |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                                                                                                                                                                                                                                                                                                                                                                                                                                                                | <input type="checkbox"/> Delete                                                                                   |                                                                                      | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                                        | <input type="checkbox"/> Change <input type="checkbox"/> Addition                                                             |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                                                                                                                                                                                                                                                                                                                                                                                                                                                                | <input type="checkbox"/> Delete                                                                                   |                                                                                      | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                                        | <input type="checkbox"/> Change <input type="checkbox"/> Addition                                                             |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                                                                                                                                                                                                                                                                                                                                                                                                                                                                | <input type="checkbox"/> Delete                                                                                   |                                                                                      | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                                        | <input type="checkbox"/> Change <input type="checkbox"/> Addition                                                             |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                                                                                                                                                                                                                                                                                                                                                                                                                                                                | <input type="checkbox"/> Delete                                                                                   |                                                                                      | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                                        | <input type="checkbox"/> Change <input type="checkbox"/> Addition                                                             |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                                                                                                                                                                                                                                                                                                                                                                                                                                                                | <input type="checkbox"/> Delete                                                                                   |                                                                                      | TITLE<br>NAME<br>STREET ADDRESS<br>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 exemption stated in Section 119.07(3)(i), 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:                                                                                                                                                                                                                                                                                                                                                                                                                 |                                                                                                                   |                                                                                      | 10/29/15 6468666284<br>Date Daytime Phone #                                           |                                                                                                                               |  |