PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

LIMITED LIABILITY COMPANY REINSTATEMENT

FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

2012 AUG -8 AM 8:22
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # M99000001845

1. Limited Liability Company's Name: Teng Construction, LLC
Exp Construction LLC

400238301654
08/08/12--01026--001 **402.50

CR2E041 (1/11)

2. Principal Office Address - No P.O. Box #	3. Mailing Office Address
56 Queen St. East	
Suite, Apt. #, etc.: Suite 301	Suite, Apt. #, etc.
City & State: Brampton, Ontario	City & State
Zip: L6V 4M8 Country: Canada	Zip Country

4. State/Country of Formation: Illinois

5. Date Organized or Qualified To Do Business in Florida: December 11, 1996

6. FEI Number: ☐ 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: Plantation State: FL Zip Code: 33324

E-mail Address:
REINSTATEMENT 2011-2012
pamela.bradbury@exp.com
(To be used for future annual report notices)

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 Debbie Diaz Date 7/27/2012
REGISTERED AGENT MUST SIGN
Debbie Diaz
Assistant Secretary

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
MGRM	Jeff Kistol	56 Queen St East Suite 301	Brampton, Ontario L6V 4M8 Canada
MGRM	Greg Henderson	56 Queen St. East Suite 301	Brampton, Ontario L6V 4M8 Canada
	H B English	same as above	same as above
	David Kleiman	same as above	same as above
	Timothy Neumann	205 N. Michigan Avenue Suite 3600	Chicago, Illinois 60601

11. 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 608.406, 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 in a document to the Department of State constitutes a third degree felony as provided for in s.817.155, F.S.

Signature of Managing Member/Manager Date Aug 2, 2012 Daytime Phone # (905) 796-3200

Typed or printed name of signing Managing Member/Manager