

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**LIMITED LIABILITY
COMPANY
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED
12 DEC 27 PM 2:54
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT #

1. Limited Liability Company's Name

DOCUMENT # L02000034496

5770 SHIRLEY STREET, LLC.

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CR2E041 ()

2. Principal Office Address - No P.O. Box #

5770 SHIRLEY STREET

Suite, Apt. #, etc

3. Mailing Office Address

5770 SHIRLEY STREET

Suite, Apt. #, etc

4. State/Country of Formation

FLORIDA, U.S.A.

5. Date Organized or Qualified
To Do Business in Florida

12/20/02

City & State

NAPLES, FLORIDA

City & State

NAPLES, FLORIDA

Zip

34109

Country

U.S.A.

Zip

34109

Country

U.S.A.

6. FEI Number

010758802

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

MICHAEL DEL DUCA

Street Address (P.O. Box Number is Not Acceptable)

5770 SHIRLEY STREET

Suite, Apt. #, Etc

City

NAPLES

State

FL

Zip Code

34109

E-mail Address:

800243076728
12/27/12--01016--003 **243.75

DAWN@NAPLESCONCRETE.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

Date 12/26/12

REGISTERED AGENT MUST SIGN

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
MRG.	MICHAEL DEL DUCA	5770 SHIRLEY STREET	NAPLES, FL 34109

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REINSTATEMENT 2012

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

[Signature]

Date 12/26/12

Daytime Phone # (239) 566-1601

Typed or printed name of signing Managing Member/Manager MICHAEL DEL DUCA