

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

LIMITED LIABILITY COMPANY REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED
SECRETARY OF STATE
DIVISION OF CORPORATION

09 OCT 14 AM 8:40

DOCUMENT # L04000010646

1. Limited Liability Company's Name

Sanford Sutton masonry LLC

REINSTATEMENT 2009 form

500161501255
10/08/09--01035--005 **238.75
CR2E041 (10/08)

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

6015 SYRACLE AVE

3. Mailing Office Address

6015 SYRACLE AVE

Suite, Apt. #, etc.

Milton FL

Suite, Apt. #, etc.

4. State/Country of Formation

FL

5. Date Organized or Qualified To Do Business in Florida

2-10-2004

City & State

Milton FL

City & State

Milton FL

6. FEI Number

320106740

Applied For

Not Applicable

Zip

32570

Country

USA

Zip

32570

Country

USA

7. CERTIFICATE OF STATUS DESIRED

\$5.00 Additional Fee required for a Certificate of Status

8. Name and Address of Current Registered Agent

Name SANFORD SUTTON

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

6015 SYRACLE AVE

Suite, Apt. #, Etc.

City Milton

State FL

Zip Code 32570

A \$100 reinstatement fee is imposed, except in circumstances which the entity did not receive the prior notices. By checking this box, you are certifying the prior notices were not received and requesting the \$100 reinstatement be waived.

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 Sanford Sutton

REGISTERED AGENT MUST SIGN

Date 10-06-09

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 |
|-------------|-----------------------------------|--|------------------------|
| <u>Mgrm</u> | <u>Sanford Sutton</u> | <u>6015 SYRACLE AVE</u> | <u>Milton FL 32570</u> |
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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.

Signature of Managing Member/Manager Sanford Sutton

Date 10-06-09

Daytime Phone # 850-324-1944

Typed or printed name of signing Managing Member/Manager _____

STATEMENT OF OWNERSHIP

This certifies that I, SANFORD SUTTON am a Member or
(Applicant's Name)

Managing Member of SANFORD SUTTON MASONRY LLC
(Limited Liability Company Name)

I own 100 % of the units issued by the Limited Liability Company listed above.

Affidavit of Applicant: I certify that the information contained herein is true and to the best of my knowledge.

SANFORD SUTTON

(Print Name)

Sanford Sutton

(Applicant's Signature)

10-06-09

(Date)