

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 CORPORATIONS

09 JUL 14 PM 1:45

DOCUMENT # L06000059224

1. Limited Liability Company's Name

ARCHITECTURAL EUROPEAN STUCCO LLC

CR2E041 (10/08)

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

1844 ADAMS ST

3. Mailing Office Address

SAME

Suite, Apt. #, etc.

REAR

Suite, Apt. #, etc.

City & State

HOLLYWOOD, FL

City & State

FL

Zip

33020

Country

USA

Zip

Country

4. State/Country of Formation

FLORIDA

5. Date Organized or Qualified
To Do Business in Florida

6/09/2006

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

GODJA, GHEORGHE

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

1844 ADAMS ST

Suite, Apt. #, Etc.

REAR

City

HOLLYWOOD

State

FL

Zip Code

33020

☐ 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

REGISTERED AGENT MUST SIGN

Date

7/6/09

10. Names and Street Addresses of Managing Members/Managers

600158367986

Titles	Name of Managing Members/Managers	Street Address of Each Managing Member/Manager	07/10/09--01056--004 City/State/Zip
MGR	GODJA, GHEORGHE	1844 ADAMS ST # REAR	HOLLYWOOD, FL 33020

REINSTATEMENT 2007-2009

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

Date

7/6/09

Daytime Phone #

Typed or printed name of signing Managing Member/Manager