

**2016 FLORIDA LIMITED LIABILITY COMPANY REINSTATEMENT**

DOCUMENT# L12000080218

**Entity Name:** CONTINENTAL WATERPROOFING & STRUCTURAL TECHNOLOGIES, L.L.C.

**FILED  
Sep 01, 2016  
Secretary of State  
CR9563476004**

**Current Principal Place of Business:**

CONTINENTAL WATERPROOFING & STRUCTURAL TECHNOLOGIES PO. BOX 600945  
NORTH MIAMI BEACH, FL 33160

**Current Mailing Address:**

CONTINENTAL WATERPROOFING & STRUCTURAL TECHNOLOGIES PO. BOX 600945  
NORTH MIAMI BEACH, FL 33160 US

**FEI Number: 46-0961927**

**Certificate of Status Desired: No**

**Name and Address of Current Registered Agent:**

MAYERS, LLOYD HANSON  
2075 NE 164TH ST APT #315  
NORTH MIAMI BEACH, FL 33162 US

*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.*

**SIGNATURE: LLOYD HANSON MAYERS**

**09/01/2016**

Electronic Signature of Registered Agent

Date

**Authorized Person(s) Detail :**

Title	PRESIDENT	Title	MANAGER
Name	LLOYD HANSON MAYERS	Name	FORBES, LUIS D
Address	2075 NE 164TH ST APT #315	Address	350 NW 193 ST
City-State-Zip:	NORTH MIAMI BEACH FL 33162	City-State-Zip:	MIAMI FL 33169

*I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 605, Florida Statutes; and that my name appears above, or on an attachment with all other like empowered.*

**SIGNATURE: LLOYD HANSON MAYERS**

**PRESIDENT**

**09/01/2016**

Electronic Signature of Signing Authorized Person(s) Detail

Date