

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**LIMITED LIABILITY
COMPANY
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

02 JAN 28 PM 2:04

DOCUMENT # L00000015069

1. Limited Liability Company's Name

Rock Solid Walls, LLC

2. Principal Office Address

6040 NW 67 Ct

Suite, Apt. #, etc.

3. Mailing Office Address

6040 NW 67 Ct

Suite, Apt. #, etc.

City & State

Parkland, FL

City & State

Parkland, FL

Zip

33067

Country

Broward

Zip

33067

Country

Broward

4. State/Country of Formation

Broward

5. Date Organized or Qualified
To Do Business in Florida

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

Charles Dale, P.A.

800004853628 - 0

-02/01/02--01060--017

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

414 NE 4th Street

*****50.00 - *****50.00

Suite, Apt. #, Etc.

800004853628 - 0

-02/01/02--01060--018

*****150.00 - *****150.00

City

H. Lauderdale

State

FL

Zip Code

33301

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

Charles Dale

Date

REGISTERED AGENT MUST SIGN

10. Names and Street Addresses of Managing Members/Managers

Title

Name of
Managing Members/Managers

Street Address of Each
Managing Member/Manager

City / State / Zip

Managing
Member

Robert Lombardi

6040 NW 67 Ct

Parkland, FL 33067

Rein 100.00

01 UBR 50.00

02 UBR 50.00

200.00

RP

REINSTATEMENT 2001-2002

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

Robert Lombardi

Date

Daytime Phone #

Typed or printed name of signing Managing Member/Manager