

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION  
FOR  
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE  
Division of Corporations  
and Commercial Services  
Secretary of State  
Division of Corporations

SECRETARY OF STATE  
DIVISION OF CORPORATIONS

02 NOV 15 PM 3:43

1. DOCUMENT # L01000003666

Name and Mailing Address

0010411 01 FP 0.352 \*\*PRSR HTB 0 0615 34669-308631



ACE CUSTOM COUNTER TOPS, LLC  
11531-A STATE ROAD 52  
HUDSON FL 34669-3086



REINSTATEMENT

2002

2. New Mailing Address

City, State, Zip

Principal Place of Business

11531-A STATE ROAD 52  
HUDSON FL 34669

3. New Principal Place of Business Address

City, State, Zip

4. State/Country of Formation

FL

5. Date Organized or Qualified  
To Do Business in Florida

03/09/2001

6. FEI Number

59-3712368

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

RICHARDSON, GENE  
11531-A STATE ROAD 52  
HUDSON FL 34669

9. Name and Address of New Registered Agent

Name

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

City

FL

Zip Code

10. 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

*Gene Q. Richardson*

REGISTERED AGENT MUST SIGN

Date

11. Names and Street Addresses of Each Managing Member/Manager

Title(s)	Name of Managing Members/Managers	Street Address of Each Managing Member/Manager	City / State / Zip
MGRM	RICHARDSON, GENE	11531-A STATE ROAD 52	HUDSON FL 34669
MGRM	VERNAZZARO, JOEL	11531-A STATE ROAD 52	HUDSON FL 34669
100009009761 11/14/02--01105--005 **150.00			
REINSTATEMENT			
2002			

12. 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

*Joel Verna*

Date

11/12/02

Daytime Phone #

727-856-6278

Typed or printed name of signing Managing Member/Manager