

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**LIMITED LIABILITY  
COMPANY  
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE  
Secretary of State  
DIVISION OF CORPORATIONS

**FILED**

04 JAN 14 AM 10:49

SECRETARY OF STATE  
TALLAHASSEE FLORIDA

**DOCUMENT #** L01000009409

**1. Limited Liability Company's Name**

Valencia Stone, LLC

**2. Principal Office Address**

2332 17th Street

Suite, Apt. #, etc.

**3. Mailing Office Address**

5502 Anderson Road

Suite, Apt. #, etc.

**City & State**

Sarasota, FL

**City & State**

Tampa, FL

**Zip**

34234

**Country**

USA

**Zip**

33614

**Country**

USA

**4. State/Country of Formation**

Florida, USA

**5. Date Organized or Qualified  
To Do Business in Florida**

06/13/2001

**6. FEI Number**

65-1167956

**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**

Mario L. Piazza

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

5502 Anderson Road

**Suite, Apt. #, Etc.**

**City**

Tampa,

**State**

FL

**Zip Code**

33614

**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**

*Mario L. Piazza*  
REGISTERED AGENT MUST SIGN

**Date** 01/08/2004

**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
Pres	Mario L. Piazza	5502 Anderson Road	Tampa, FL 33614
Vice Pr	Juan Gomez	5502 Anderson Road	Tampa, FL 33614

**REINSTATEMENT** 2003-2004

**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**

*Mario L. Piazza*

**Date** 01/08/2004

**Daytime Phone #** (813) 884-2382

**Typed or printed name of signing Managing Member/Manager** Mario L. Piazza

CR2E041 (10/02)