

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

1082

**LIMITED LIABILITY  
COMPANY  
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE  
Secretary of State  
DIVISION OF CORPORATIONS

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS

04 FEB -9 PM 1:50

DOCUMENT # L01000015548

1. Limited Liability Company's Name

FLORIDA COAST RESURFACING, LLC

300028413173  
02/09/04--01054--005 \*\*100.00

2. Principal Office Address

16909 SW 5TH WAY

Suite, Apt. #, etc.

3. Mailing Office Address

SAME

Suite, Apt. #, etc.

City & State

WESTON, FL

City & State

3

Zip

33326

Country

USA

Zip

Country

4. State/Country of Formation

FLORIDA

5. Date Organized or Qualified  
To Do Business in Florida

9/10/2001

6. FEI Number

65-1143419

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

EUGENE GUERRA

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

16909 SW 5TH WAY

Suite, Apt. #, Etc.

City

WESTON

State

FL

Zip Code

33326

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

*Eugene Guerra*

REGISTERED AGENT MUST SIGN

Date

1/29/04

**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
MGR	EUGENE GUERRA	16909 SW 5TH WAY	WESTON, FL 33326

REINSTATEMENT

03.04  
dec.

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

*Eugene Guerra*

Date

1/29/04

Daytime Phone #

954-448-8033

Typed or printed name of signing Managing Member/Manager

2082

**FLORIDA COAST RESURFACING, LLC**

16909 SW 5<sup>TH</sup> WAY  
WESTON, FL 33326  
(954) 389-6691

Division of Corporations  
Registration Section  
409 E Gaines St.  
Tallahassee, FL 32399

RE: Document #L01000015548

Dear Sir/Madame:

It was brought to my attention that my LLC standing is currently not active. I was unaware that it was inactive. I moved last year from the address currently listed with the Division of Corporations and had not received any renewal forms.

I am enclosing a reinstatement form filled out with current information along with a payment of \$100.00.

If you have any questions regarding the information on the reinstatement form, please call me at (954) 488-8033.

I appreciate your assistance in this matter.

Sincerely,

Eugene Guerra  
President  
Florida Coast Resurfacing, LLC