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PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**APPLICATION
FOR
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Glenda E. Hood
Secretary of State
DIVISION OF CORPORATIONS

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

03 DEC 19 PM 5:29

1. DOCUMENT # L02000002448

Name and Mailing Address

0008577 01 AT 0.292 **AUTO T1 0 0615 33317-500510



SURE-SET CEMENT COMPANY, LLC
7110 S.W. 18TH ST.
PLANTATION FL 33317-5005



2. New Mailing Address		4. State/Country of Formation FL	
City, State, Zip		5. Date Organized or Qualified To Do Business in Florida 01/31/2002	
Principal Place of Business 7110 S.W. 18TH ST. PLANTATION FL 33317	3. New Principal Place of Business Address	6. FEI Number 20-0164325	Applied For Not Applicable
City, State, Zip		7. CERTIFICATE OF STATUS DESIRED <input type="checkbox"/> \$5.00 Additional Fee required for a Certificate of Status	
8. Name and Address of Current Registered Agent FILINGS, INC. 3732 N.W. 16TH ST. FORT LAUDERDALE FL 33311		9. Name and Address of New Registered Agent Name SCOTT GREENE Street Address (P.O. Box Number is Not Acceptable) 7110 S.W. 18TH ST City PLANTATION FL Zip Code 33317	
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 <i>Scott Greene</i> SIGNATURE REQUIRED Date 12-15-03 REGISTERED AGENT MUST SIGN			
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	GREENE, SCOTT E	7110 S.W. 18TH ST.	PLANTATION FL 33317
		400025630434 12/19/03--01039--001 **150.00	
REINSTATEMENT 03			
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 <i>Scott Greene</i> SIGNATURE REQUIRED		Date 12-15-03 Daytime Phone #	
Typed or printed name of signing Managing Member/Manager SCOTT GREENE, MGRM			

CR20034 (7/03)