

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 -8 AM 11:41

1. DOCUMENT # L02000003797

Name and Mailing Address

0017561 01 FP 0.352 \*\*PRSRT T4 0 0615 33436

PATRONAS MARBLE AND GRANITE LLC  
101656 PINE TREE TERRACE  
BOYNTON BEACH FL 33436

200025264222  
12/03/03--01001--028 \*\*150.00



2. New Mailing Address

City, State, Zip

4. State/Country of Formation  
FL5. Date Organized or Qualified  
To Do Business in Florida

02/13/2002

Principal Place of Business

101656 PINE TREE TERRACE  
BOYNTON BEACH FL 33436

3. New Principal Place of Business Address

City, State, Zip

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

PATRONA, DAVID  
101656 PINE TREE TERRACE  
BOYNTON BEACH FL 33436

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

REGISTERED AGENT MUST SIGN

Date 12-1-03

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	PATRONA, DAVID	10156 PINE TREE TERRACE	BOYNTON BEACH FL

REINSTATEMENT 03  
dec

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

Date

12-1-03

Daytime Phone

(561) 223-3275

Typed or printed name of signing Managing Member/Manager