

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

03 OCT 27 AM 8:00

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA  
800024179728  
10/27/03--01122--018 \*\*150.00

1. DOCUMENT # L02000011976

Name and Mailing Address

0003751 01 AT 0.292 \*\*AUTO T6 0 0615 32819-528053



SEDIMEX, LLC  
7345 SAND LAKE RD.  
203  
ORLANDO FL 32819-5280



2. New Mailing Address

City, State, Zip

Principal Place of Business

7345 SAND LAKE RD.  
203  
ORLANDO FL 32819

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

05/16/2002

6. FEI Number

01-0687249

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

TORO, RUBEN D  
7345 SAND LAKE RD.  
204  
ORLANDO FL 32819

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

**SIGNATURE REQUIRED**  
REGISTERED AGENT MUST SIGN

Date 10/22/03

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	SALAZAR, JUAN D	8085 CADIZ CT.	ORLANDO FL 32838
MGRM	SELEITA, MAYARI V	10738 MYSTIC CIR.	ORLANDO FL 32838
MGRM	URREGO, MAURICIO	10738 MYSTIC CIR.	ORLANDO FL 32838

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

**SIGNATURE REQUIRED**

Date 10/23/03

Daytime Phone # (321) 689 1475

Typed or printed name of signing Managing Member/Manager

MAURICIO URREGO

CR2E084 (7/03)