

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

LIMITED LIABILITY  
COMPANY  
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE  
Secretary of State  
DIVISION OF CORPORATIONS

FILED  
2005 MAY 23 PM 3:27  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # L02000026996

1. Limited Liability Company's Name

ATLANTIC GRANITE INT'L, LLC

2. Principal Office Address

1001 NW 12 TERRACE

Suite, Apt. #, etc.

City & State

POMPANO BEACH, FL

Zip

33069

Country

USA

3. Mailing Office Address

2900 NW 77TH CT

Suite, Apt. #, etc.

City & State

MIAMI, FL

Zip

33122

Country

USA

4. State/Country of Formation

FLORIDA

5. Date Organized or Qualified  
To Do Business in Florida

10/11/2002

6. FEI Number

71-0918851

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

ESTEFANO GARCIA

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

2900 NW 77TH CT

Suite, Apt. #, Etc.

City

MIAMI

State

FL

Zip Code

33122

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

E7awd9.

REGISTERED AGENT MUST SIGN

Date 4/22/05

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	ESTEFANO GARCIA	2900 NW 77TH CT	MIAMI, FL. 33122
MGR	COSTA TRANSFORMADORA DE GRA	1001 NW 12 TR	POMPANO BEACH, FL 33069

REINSTATEMENT

03-05

Cws

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

E7awd9.

Date 4/22/05

Daytime Phone # 305-592-0029

Typed or printed name of signing Managing Member/Manager