

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

LIMITED LIABILITY
COMPANY
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

08 MAR 21 PM 3:50

DOCUMENT # L0300034178

1. Limited Liability Company's Name

ALABASTER, LLC

700118952277
02/27/08--01039--011 **\$60.00

CR2E041 (12/07)

2. Principal Office Address - No P.O. Box #

2202-33RD STREET

Suite, Apt. #, etc.

3. Mailing Office Address

2202-33RD STREET

Suite, Apt. #, etc.

City & State

ORLANDO, FL

City & State

ORLANDO, FL

Zip

Country

32839

ORANGE

Zip

Country

32839

ORANGE

4. State/Country of Formation

5. Date Organized or Qualified
To Do Business in Florida

9/10/2003

6. FEI Number

651204320

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

JOE G. POZO JR.

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

2202-33RD STREET

Suite, Apt. #, Etc.

City

ORLANDO

State

FL

Zip Code

32839

☒ A \$100 reinstatement fee is imposed, except
in circumstances which the entity did not
receive the prior notices. By checking this
box, you are certifying the prior notices were
not received and requesting the \$100
reinstatement be waived.

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

(JOE G POZO JR)

REGISTERED AGENT MUST SIGN

Date

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
<u>MGRM</u>	<u>JOE G. POZO JR.</u>	<u>4414 DOWN PT. LN.</u>	<u>WINDERMERE-FL</u> <u>34786</u>

REINSTATEMENT

W10 05-08

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

Date

2-22-08

Daytime Phone #

407-257-3899

Typed or printed name of signing Managing Member/Manager

JOE G. POZO JR.

2005, 2006, 2007, 2008

#510-