L03000042782

FILED
2005 DEC -8 AM 10:43
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

# Florida Department of State
## Division of Corporations
Public Access System

## Electronic Filing Cover Sheet

**Note: Please print this page and use it as a cover sheet.** Type the fax audit number (shown below) on the top and bottom of all pages of the document.

(((H05000281283 3)))

**Note:** DO NOT hit the REFRESH/RELOAD button on your browser from this page. Doing so will generate another cover sheet.

RECEIVED
05 DEC -8 PM 2:31
DIVISION OF CORPORATION

To:
Division of Corporations
Fax Number : (850)205-0383

From:
Account Name : A 1 A CORPORATE SERVICES, INC.
Account Number : I20010000247
Phone : (800)494-3124
Fax Number : (305)675-2811

# LIMITED LIABILITY REINSTATEMENT

## ALL GRANITE, LLC

| | |
|---|---|
| Certificate of Status | 0 |
| Certified Copy | 0 |
| Page Count | 03 |
| Estimated Charge | $200.00 |

Electronic Filing Menu Corporate Filing Public Access Help

A BRYANT DEC 9 2005

H05000281283 3

DATE: 12-07-2005

TO: DEPARTMENT OF STATE
DIVISION OF CORPORATIONS

FILED
2005 DEC -8 AM 10:43
DIVISION OF CORPORATIONS
TALLAHASSEE, FLORIDA

FROM: ALL GRANITE, LLC
LESLIE LOPEZ

WE DID NOT RECEIVE FROM YOU THE UNIFORM BUSINESS REPORT FOR 2005.

PLEASE FILE OUR ANNUAL REPORT AND WAIVE THE PENNALTY.

IF YOU HAVE ANY QUESTIONS PLEASE CONTACT US AT 561 629 0065.

THANKS,

Leslie Lopez

ALL GRANITE, LLC
LESLIE LOPEZ

H05000281283 3

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

H05000281283 3

**LIMITED LIABILITY COMPANY REINSTATEMENT**

FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED
2005 DEC -8 AM 10:43
DIVISION OF CORPORATIONS
TALLAHASSEE, FLORIDA

CR2E041 (8/05)

DOCUMENT # L03000042782

1. Limited Liability Company's Name
ALL GRANITE, LLC

| 2. Principal Office Address | 3. Mailing Office Address |
|---|---|
| 7862 N.W. 55 STREET | 7862 N.W. 55 STREET |
| Suite, Apt. #, etc. | Suite, Apt. #, etc. |
| City & State: MIAMI, FL | City & State: MIAMI, FL |
| Zip: 33166 Country: US | Zip: 33166 Country: US |

4. State/Country of Formation: FLORIDA

5. Date Organized or Qualified To Do Business in Florida: 12/07/2002

6. FEI Number: ✓ Applied For ☐ Not Applicable

7. CERTIFICATE OF STATUS DESIRED ☐

8. Name and Address of Current Registered Agent

Name: LESLIE LOPEZ

Street Address (P.O. Box Number is Not Acceptable): 4721 N.W. 115 TERRACE

Suite, Apt. #, Etc:

City: CORAL SPRINGS State: FL Zip Code: 33076

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: X Leslie Lopez LESLIE LOPEZ Date: 12-07-2005
REGISTERED AGENT MUST SIGN

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 |
|---|---|---|---|
| MGRM | LESLIE LOPEZ | 4721 N.W. 115 TERRACE | CORAL SPRINGS, FL 33076 |
| MGRM | OSCAR NAVARRO | 47310 ROCK FALLS TERRACE | STERLING, VA 20165 |
| | | | |
| | | | |
| | | | |
| | | | |

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 608.408, 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: X Leslie Lopez Date: 12-7-2005 Daytime Phone #: 561 629 0065

Typed or printed name of signing Managing Member/Manager: LESLIE LOPEZ, MANAGING MEMBER

H05000281283 3