

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**LIMITED LIABILITY
COMPANY
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED

07 JUL 18 PM 2:37

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # L03000044833

1. Limited Liability Company's Name

GOMEZ CONCRETE, LLC

CR2E041 (1/07)

2. Principal Office Address - No P.O. Box #
9312 EAST RIVER DRIVE

3. Mailing Office Address
9312 EAST RIVER DRIVE

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State
NAVARRE, FL

City & State
NAVARRE, FL

Zip
32566

Country

Zip
32566

Country

4. State/Country of Formation

FLORIDA

5. Date Organized or Qualified
To Do Business in Florida **11/17/2003**

6. FEI Number
92-0180063

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
CHRISTOPHER E. VARNER, ESQ.

Street Address (P.O. Box Number is Not Acceptable)
6056 DOCTOR'S PARK ROAD

Suite, Apt. #, Etc.

City
MILTON

State
FL

Zip Code
32570

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

Christopher E. Varner
REGISTERED AGENT MUST SIGN

Date **7/10/07**

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	ELISBERTO GOMEZ	9312 EAST RIVER DRIVE	NAVARRE, FL 32566
MGRM	ELISBERTO GOMEZ, JR.	9312 EAST RIVER DRIVE	NAVARRE, FL 32566

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REINSTATEMENT

06.07

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

Elisberto Gomez

Date **7/10/07**

Daytime Phone #

850 699-3698

Typed or printed name of signing Managing Member/Manager **ELISBERTO GOMEZ**