

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
06 MAR -3 AM 10:46

DOCUMENT #

1. Limited Liability Company's Name

L03000051450

JUAN BOTELLO STUCCO LATHING L.L.C.

800068100738
03/20/06--01019--006 **155.00
800068100738
03/20/06--01019--005 **100.00

CR2E041 (8/05)

2. Principal Office Address

5334 Madison Lake Circle P O Box 1864

3. Mailing Office Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

Tampa, Florida

City & State

Gibsonton, FL

Zip
33619

Country

Hillsborough

Zip

33534-9636

Country

Hillsborough

4. State/Country of Formation

FL., Hillsborough

5. Date Organized or Qualified
To Do Business in Florida

12/03/2003

6. FEI Number

☒ 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

Juan Botello, P O Box 1864, Gibsonton, FL 33534

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

5334 Madison Lake Circle

Suite, Apt. #, Etc.

City

Tampa

State

FL

Zip Code

33619

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

Date 02/07/06

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 |
|--------|--------------------------------------|---|--------------------|
| MGR | Juan Botello | 5334 Madison Lake Circle | Tampa, FL 33619 |
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REINSTATEMENT 04-06

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

Juan Botello

Date 02/07/06

Daytime Phone # (813) 766-1043

Typed or printed name of signing Managing Member/Manager

Juan Botello MGR