


# 2008 LIMITED LIABILITY COMPANY REINSTATEMENT

DOCUMENT # L04000000444		
1. Entity Name CURTIS WHITE MASONRY LLC		

FILED

08 MAR 12 PM 1:52

SECRETARY OF STATE  
TALLAHASSEE FLORIDA



Principal Place of Business 2136 TEDHINES DRIVE TALLAHASSEE, FL 32308	Mailing Address 2136 TEDHINES DRIVE TALLAHASSEE, FL 32308
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2. Principal Place of Business - No P.O. Box # <b>2508 Baytree LN</b>	3. Mailing Address
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Suite, Apt. #, etc. <b>Tall Fla 32301</b>	Suite, Apt. #, etc.
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City & State	City & State
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Zip <b>32301</b>	Country <b>Leaw</b>	Zip	Country
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03122008 REIN-LLC CR2E101 (1/07)

4. FEI Number <b>03-0532360</b>	Applied For <input type="checkbox"/> Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	\$5.00 Additional Fee Required
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6. Name and Address of Current Registered Agent  RIVERS, ALVA 509 MEREDITH DRIVE TALLAHASSEE, FL 32305	
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7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City <b>FL</b> Zip Code	
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8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent. SIGNATURE <u><i>Curtis White</i></u> Signature, typed or printed name of registered agent and file if applicable. (NOTE: Registered Agent signature required when reinstating) DATE		
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FILE NOW!!! FEE IS \$277.50		In accordance with s. 607.193(2)(b), F.S., the limited liability company did not receive the prior notice.		Make check payable to Florida Department of State	
9. MANAGING MEMBERS/MANAGERS			10. ADDITIONS/CHANGES		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM WHITE, CURTIS 2136 TEDHINES DRIVE TALLAHASSEE, FL 32308 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	800121206998 03/25/08--01028--006 **277.00 <input type="checkbox"/> Change <input type="checkbox"/> Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM WHITE, EVANGELINE 2136 TEDHINES DRIVE TALLAHASSEE, FL 32308 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition		

REINSTATEMENT

07.08

11. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am a managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes. SIGNATURE: <u><i>Curtis White</i></u> SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #	
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