

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**LIMITED LIABILITY  
COMPANY  
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE  
Secretary of State  
DIVISION OF CORPORATIONS

FILED

07 NOV 20 PM 1:46

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # L04000010372

1. Limited Liability Company's Name

**Pat's Custom Brick LLC**

CR2E041 (1/07)

2. Principal Office Address - No P.O. Box # 3531 Bali Drive		3. Mailing Office Address 3531 Bali Drive	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State Sarasota, FL		City & State Sarasota, FL.	
Zip 34232	Country USA	Zip 34232	Country USA

4. State/Country of Formation Florida	
5. Date Organized or Qualified To Do Business in Florida 2/6/04	
6. FE Number 200698182	Applied For Not Applicable
7. CERTIFICATE OF STATUS DESIRED <input checked="" type="checkbox"/> \$5.00 Additional Fee required for a Certificate of Status	

8. Name and Address of Current Registered Agent			
Name <b>Patrick Conquest</b>			
Street Address (P.O. Box Number is Not Acceptable) <b>3531 Bali Drive</b>			
Suite, Apt. #, Etc.			
City <b>Sarasota</b>		State <b>FL</b>	Zip Code <b>34232</b>

☐ 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

*Pat Conquest*

REGISTERED AGENT MUST SIGN

Date **11/15/07**

**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
MGR	PATRICK CONQUEST	3531 Bali Drive	Sarasota, FL 34232
			300112392063 11/15/07--01010--011 **250.00
			300112392063 11/15/07 01010--012 **5.00

**REINSTATEMENT**

*OS*

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

*Pat Conquest*

Date **11/1/07**

Daytime Phone# **941 928 2162**

Typed or printed name of signing Managing Member/Manager **Patrick Conquest**