

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 CORPORATION

09 OCT 14 AM 8:40

DOCUMENT # L04000010646

1. Limited Liability Company's Name

Sanford Sutton masonry LLC

REINSTATEMENT

2009

500161501255
10/08/09--01035--005 **238.75
CR2E041 (10/08)

2. Principal Office Address - No P.O. Box #

6115 SYRACLE AVE

Suite, Apt. #, etc.

Milton FL

3. Mailing Office Address

6115 SYRACLE AVE

Suite, Apt. #, etc.

Milton FL

City & State

Milton FL

City & State

Milton FL

Zip

32570 USA

Zip

32570 USA

4. State/Country of Formation

FL

5. Date Organized or Qualified
To Do Business in Florida

2-10-2004

6. FEI Number

320106740

☐ 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 SANFORD SUTTON

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

6115 SYRACLE AVE

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

Sanford Sutton

REGISTERED AGENT MUST SIGN

Date 10-06-09

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	Sanford Sutton	6115 SYRACLE AVE	Milton FL 32570

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

Sanford Sutton

Date 10-06-09

Daytime Phone #

850-324-1944

Typed or printed name of signing Managing Member/Manager

STATEMENT OF OWNERSHIP

This certifies that I, SANFORD SUTTON am a Member or
(Applicant's Name)

Managing Member of SANFORD SUTTON MASONRY LLC
(Limited Liability Company Name)

I own 100 % of the units issued by the Limited Liability Company listed above.

Affidavit of Applicant: I certify that the information contained herein is true and to the best of my knowledge.

SANFORD SUTTON
(Print Name)

Sanford Sutton
(Applicant's Signature)

10-06-09
(Date)