

2005 LIMITED LIABILITY COMPANY REINSTATEMENT

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

05 OCT 31 AM 10:27

DOCUMENT # L04000014315

1. Entity Name
MIKE HARPER STUCCO AND STONE LLC



Principal Place of Business
5462 WOODLAND LANE
MILTON, FL 32583

Mailing Address
5462 WOODLAND LANE
MILTON, FL 32583

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

SMITH - ROSA

Zip

Country

USA

-10272005 -REIN-LLC - --CR2E101 (6/04)

4. FEI Number

05-0596934

Applied For

Not Applicable

5. Certificate of Status Desired

☒ \$5.00 Additional Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

HARPER, MIKE
5462 WOODLAND LANE
MILTON, FL 32583

Name

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

City

FL

Zip Code

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

Mike S. Harper

(NOTE: Registered Agent signature required when reinstating)

10-27-05

DATE

FILE NOW!!! FEE IS \$150.00
After January 1, 2006, Fee will be \$200.00

Make check payable to
Florida Department of State

9. MANAGING MEMBERS/MANAGERS

10. ADDITIONS/CHANGES

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
MGR
HARPER, MIKE
5462
WOODLAND LANE, FL 32583

☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
300061044073
10/31/05--01045--020 **155.00

☐ Change

☐ Addition

TITLE
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CITY-ST-ZIP

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REINSTATEMENT 2005

☐ Change

☐ Addition

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CITY-ST-ZIP

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☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ Change

☐ Addition

11. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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 606, Florida Statutes.

SIGNATURE:

Mike S. Harper

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

Date

Daytime Phone #