

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

9/16/05  
2005

**LIMITED LIABILITY COMPANY REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE  
Secretary of State  
DIVISION OF CORPORATIONS

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS

06 OCT 13 AM 10:04

**DOCUMENT #**

L04000020504

1. Limited Liability Company's Name

Almanza & Associates, LLC

2. Principal Office Address

1323 W. Lambright St

Suite, Apt. #, etc.

City & State

Tampa FL

Zip

33604

Country

3. Mailing Office Address

1323 W Lambright St

Suite, Apt. #, etc.

City & State

Tampa FL

Zip

33604

Country

CR2E041 (8/05)

4. State/Country of Formation

5. Date Organized or Qualified To Do Business in Florida

3-5-2004

6. FEI Number

Applied For

Not Applicable

7. CERTIFICATE OF STATUS DESIRED

\$3.00 Additional Fee required for a Certificate of Status

**8. Name and Address of Current Registered Agent**

Name

OSMANY ALMANZA

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

1323 W. Lambright St

Suite, Apt. #, Etc.

City

Tampa

State

FL

Zip Code

33604

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

9-25-06

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
Construction Mgr	OSMANY ALMANZA	1323 W. Lambright	Tampa FL 33604

300080933309  
10/13/06--01058--005 \*\*200.00

REINSTATEMENT 05-06

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

Date

9-25-06

Daytime Phone #

(813) 236-4529

Typed or printed name of signing Managing Member/Manager

OSMANY ALMANZA