

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**LIMITED LIABILITY
COMPANY
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED

07 SEP 12 PM 12:29

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

CR2E041 (1/07)

DOCUMENT #

1. Limited Liability Company's Name

L04000075382
C.B. Stucco & Plastering

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

5620 Perrine Dr

Suite, Apt. #, etc.

3. Mailing Office Address

5620 Perrine Dr

Suite, Apt. #, etc.

City & State

Orlando, FL

Zip
32808

Country

USA

City & State

Orlando, FL

Zip
32808

Country

USA

4. State/Country of Formation

Florida USA

5. Date Organized or Qualified
To Do Business in Florida

10/18/2004

6. FEI Number

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 Cecil Bush

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

5620 Perrine Dr

Suite, Apt. #, Etc.

City Orlando

State

FL

Zip Code

32808

☒ 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

X Cecil Bush

REGISTERED AGENT MUST SIGN

Date 8-25-07

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
MEM	Cecil Bush	5620 Perrine Dr	Orlando FL 32808
			300109589053 09/18/07--01059--024 **155.00
			REINSTATEMENT
			REINSTATEMENT 05-07
			AL

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

X Cecil Bush

Date 8-25-07

Daytime Phone # X 321-229-9168

Typed or printed name of signing Managing Member/Manager