


# 20 LIMITED LIABILITY COMPANY REINSTATEMENT

<b>DOCUMENT # L05000043870</b> 1. Entity Name <b>CANALES CONSTRUCTION L.L.C.</b>		
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Principal Place of Business <b>1007 RED BUD AVENUE TALLAHASSEE, FL 32303</b>	Mailing Address <b>1007 RED BUD AVENUE TALLAHASSEE, FL 32303</b>
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2. Principal Place of Business	3. Mailing Address
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etc.	Suite, Apt. #, etc.
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City & State	4. FEI Number
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Zip	Country	Zip	Country
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Address of Current Registered Agent	7. Name and Address of New Registered Agent
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<b>CANALES</b> <b>1007 RED BUD AVENUE</b> <b>TALLAHASSEE, FL 32303</b>	Name
	Street Address (P.O. Box Number is Not Acceptable)
	City
	State <b>FL</b> Zip Code

8. The above information is submitted 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 obligation of, the registered agent.

SIGNATURE *MAN CANALES* DATE \_\_\_\_\_  
(NOTE: Registered Agent signature required when reinstating)

<b>FILE NOW!!! FEE IS \$50.00</b> <b>After January 1, 2007, Fee will be \$100.00</b>	In accordance with s. 607.193(2)(b), F.S., the limited liability company did not receive the prior notice.	<b>Make check payable to</b> <b>Florida Department of State</b>
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9. MANAGING MEMBERS/MANAGERS		10. ADDITIONS/CHANGES	
TITLE NAME STREET ADDRESS CITY - ST - ZIP <b>MGRM</b> <b>CANALES, GERMAN</b> <b>1007 RED BUD AVENUE</b> <b>TALLAHASSEE, FL 32303</b>	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP <b>400080964854</b> <b>10/18/06--01051--021 **\$0.00</b>	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

11. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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 608, Florida Statutes.

SIGNATURE: *GERMAN CANALES* \_\_\_\_\_  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

Date \_\_\_\_\_ Daytime Phone # \_\_\_\_\_

**FILED**

06 OCT 16 PM 1:58

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA



10162006 REIN-LLC CR2E101 (11/05)

☒ Applied For  
☐ Not Applicable

5. Certificate of Status Desired ☐ \$5.00 Additional Fee Required