

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**LIMITED LIABILITY
COMPANY
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED

07 OCT 17 PM 4:16

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # L05000077289

1. Limited Liability Company's Name

MASTER Builders LLC

400110993024
10/19/07--01007--018 **100.00

CR2E041 (1/07)

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

18407 BRIDLE CLUB DR.

Suite, Apt. #, etc.

3. Mailing Office Address

18407 BRIDLE CLUB DR.

Suite, Apt. #, etc.

City & State

TAMPA FL.

City & State

TAMPA FL.

Zip

33647

Country

HILLSBOROUGH

Zip

33647

Country

HILLSBOROUGH

4. State/Country of Formation

FLORIDA, UNITED STATES

5. Date Organized or Qualified
To Do Business in Florida

5th AUGUST 2005

6. FEI Number

20-3161504

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

EDWARD REYES

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

18407 BRIDLE CLUB DR.

Suite, Apt. #, Etc.

City

TAMPA

State

FL

Zip Code

33647

☒ 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

REGISTERED AGENT MUST SIGN

Date Oct 5th, 2007

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
MEMBER	EDWARD REYES	18407 BRIDLE CLUB DR.	TAMPA FL. 33647

REINSTATEMENT 06, 07

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

Oct 5, 2007

Daytime Phone #

850-276-2797

Typed or printed name of signing Managing Member/Manager