

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

LIMITED LIABILITY  
COMPANY  
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE  
Secretary of State  
DIVISION OF CORPORATIONS

SECRETARY  
DIVISION OF

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DOCUMENT # L05000103303

1. Limited Liability Company's Name

EL POTRILLO ROOFING, LLC.

400158701954  
07/20/09--01058--006 \*\*416.25

CR2E041 (10/08)

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

1567 South 60th Trail Drive

Suite, Apt. #, etc.

3. Mailing Office Address

SAME AS ABOVE

Suite, Apt. #, etc.

4. State/Country of Formation

FLORIDA

5. Date Organized or Qualified  
To Do Business in Florida

10/20/2005

6. FEI Number

20-3749315

Applied For

Not Applicable

7. CERTIFICATE OF STATUS DESIRED ☐

\$5.00 Additional Fee required  
for a Certificate of Status

City & State

West Palm Beach

City & State

Zip

33415

Country

USA

Zip

Country

8. Name and Address of Current Registered Agent

Name

FLORENCIO LUNA

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

1567 SOUTH 60TH TRAIL DRIVE

Suite, Apt. #, Etc.

City

WEST PALM BEACH

State

FL

Zip Code

33415

☒ 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

7/15/2009

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	FLORENCIO LUNA	1567 SOUTH 60TH TRAIL DRIVE, WPA, FL 33415	

REINSTATEMENT 2007-09 LUNA

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

7/15/2009

Daytime Phone #

(561) 856-2515

Typed or printed name of signing Managing Member/Manager