2007 LIMITED LIABILITY COMPANY REINSTATEMENT

FILED
Oct 01, 2007
Secretary of State

DOCUMENT# L06000085595

Entity Name: ALMONTE & SONS RESTORATIONS, LLC

Current Principal Place of Business:

17393 72ND RD. NORTH
LOXAHATCHEE, FL 33470

New Principal Place of Business:

Current Mailing Address:

17393 72ND RD. NORTH
LOXAHATCHEE, FL 33470

New Mailing Address:

FEI Number: 20-5530007 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**
In accordance with s. 607.193(2)(b), F.S., the limited liability company did not receive the prior notice.

Name and Address of Current Registered Agent:

ALMONTE, BOLIVAR
17393 72ND RD. NORTH
LOXAHATCHEE, FL 33470 US

Name and Address of New Registered Agent:

The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

SIGNATURE: BOLIVAR ALMONTE

Electronic Signature of Registered Agent Date

MANAGING MEMBERS/MANAGERS:

Title: MGRM ( ) Delete
Name: ALMONTE, BOLIVAR
Address: 17393 72ND RD. NORTH
City-St-Zip: LOXAHATCHEE, FL 33470

Title: MGRM ( ) Delete
Name: ALMONTE, MARCOS
Address: 18710 90TH STREET NORTH
City-St-Zip: LOXAHATCHEE, FL 33470

ADDITIONS/CHANGES:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my electronic 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: BOLIVAR ALMONTE MGRM 10/01/2007

Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date