

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**LIMITED LIABILITY
COMPANY
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED

2010 AUG 18 PM 3:55

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # L07000010448

1. Limited Liability Company's Name

Title

B&C Marble & Title, LLC

CR2E041 (05/10)

2. Principal Office Address - No P.O. Box # 560 Jefferson Drive		3. Mailing Office Address Same	
Suite, Apt. #, etc. 109		Suite, Apt. #, etc.	
City & State Deerfield Beach, FL		City & State	
Zip 33442	Country USA	Zip	Country

4. State/Country of Formation Florida	
5. Date Organized or Qualified To Do Business in Florida 01/29/2007	
6. FEI Number 20-8328649	<input type="checkbox"/> Applied For <input type="checkbox"/> Not Applicable
7. CERTIFICATE OF STATUS DESIRED <input type="checkbox"/> \$5.00 Additional Fee required for a Certificate of Status	

8. Name and Address of Current Registered Agent

Name Bruno S. Aguiar		
Street Address (P.O. Box Number is Not Acceptable) 560 Jefferson Drive		
Suite, Apt. #, Etc. 109		
City Deerfield Beach	State FL	Zip Code 33442

400184380814
08/16/10--01004--018 **\$16.25

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 _____ Date **07/28/2010**
REGISTERED AGENT MUST SIGN

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
MGR	Bruno S. Aguiar	560 Jefferson Drive, 109	Deerfield Beach, FL 33442
REINSTATEMENT - 08-10			

11. E-mail Address: **stefanobruno25@hotmail.com**

(To be used for future annual report notifications)

12. 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 *Bruno S. Aguiar* Date **07/28/2010** Daytime Phone # **(786)316-2922**

Typed or printed name of signing Managing Member/Manager **Bruno S. Aguiar**