

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**LIMITED LIABILITY
COMPANY
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED
SECRETARY OF STATE
DIVISION OF CORPORATION

09 DEC -7 PM 3: 35

DOCUMENT #

1. Limited Liability Company's Name

R & L ONTIVEROS Framing, LLC

REINSTATEMENT 2008-09 Sen

300163324443

12/04/09--01041--010 **277.50
CR2E041 (11/09)

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

1001 N. 26th ST.

3. Mailing Office Address

Suite, Apt. #, etc.

HSE

Suite, Apt. #, etc.

City & State

Haines City

City & State

Zip

33844

Country

POUK

Zip

33844

Country

4. State/Country of Formation

5. Date Organized or Qualified
To Do Business in Florida

6. FEI Number

LO7000013334

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

ROBERT ONTIVEROS SR.

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

1001 N. 26th ST.

Suite, Apt. #, Etc.

HSE

City

Haines City

State

FL

Zip Code

33844

☒ 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

X Robert Ontiveros

REGISTERED AGENT MUST SIGN

Date 12-1-09

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	Robert Ontiveros Sr.	1001 N. 26th ST.	Haines city, FL 33844

11. E-mail Address:

(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

X Robert Ontiveros

Date

12-01-09

Daytime Phone #

X 8635573240

Typed or printed name of signing Managing Member/Manager Robert ONTIVEROS