

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM

SECRETARY OF STATE
DIVISION OF CORPORATIONS

10 APR -7 PM 1:58

LIMITED LIABILITY
COMPANY
REINSTATEMENTFLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # L07000019999

1. Limited Liability Company's Name

Ortega masonry LLC

800161539778
10/09/09--01024--004 **416.25

CR2E041 (11/08)

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

3. Mailing Office Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Plant City

Florida

Zip Country

Zip Country

33567 USA

4. State/Country of Formation

Florida

5. Date Organized or Qualified
To Do Business in Florida

02-21-2007

6. FEI Number

20-8521007

Applied For

Not Applicable

7. CERTIFICATE OF STATUS DESIRED ☐

8. Name and Address of Current Registered Agent

Name

Liseth Ortega

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

4173 Drowdy Rd

Suite, Apt. #, Etc.

City

Plant City, FL

State

FL

Zip Code

33567

☐ 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

Liseth Ortega

Date 04-02-10

REGISTERED AGENT MUST SIGN

10. Names and Street Addresses of Managing Members/Managers

Title	Name of Managing Members/Managers	Street Address of Each Managing Member/Manager	City / State / Zip
mgm	Abel Ortega	4173 Drowdy Rd	Plant City, FL 33567

REINSTATEMENT 2008-2010

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 Abel Ortega

Date 04-02-10

Daytime Phone # 813-267-2843

Typed or printed name of signing Managing Member/Manager



FLORIDA DEPARTMENT OF STATE
Division of Corporations

RECEIVED

10 APR -7 PM 4:00

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

April 2, 2010

ORTEGA MASONRY, LLC
4173 DRAWDY RD
PLANT CITY, FL 33567

SUBJECT: ORTEGA MASONRY, LLC
Ref. Number: L07000019999

We have received your document for ORTEGA MASONRY, LLC and your check(s) totaling \$416.25. However, the enclosed document has not been filed and is being returned for the following correction(s):

The name of the above referenced limited liability company is no longer available. Please file an amendment changing the name of this entity. The fee to file an amendment is \$25.00.

In order to complete your filings, both the reinstatement application and name change amendment must be submitted together along with the applicable fees for processing.

Please return the corrected original and one copy of your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6855.

Tammy Hampton
Regulatory Specialist II
Registration/Qualification Section

Letter Number: 310A00008139