

FILED

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

PLEASE READ ALL INSTRUCTIONS BEFORE C

LIMITED LIABILITY
COMPANY
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # L07000034865

1. Limited Liability Company's Name

Everything Concrete & Acrylic

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

1020 Collins Ave

Suite, Apt. #, etc.

3. Mailing Office Address

1020 Collins Ave

Suite, Apt. #, etc.

City & State

Orange city FL

Zip

32763 North America

City & State

Orange city FL

Zip

32763 North America

500150931025

04/22/09 60487 009 -367.50

REINSTATEMENT

CR2E041 (10/08)

08-09

4. State/Country of Formation

Florida / North America

5. Date Organized or Qualified
To Do Business in Florida

4-06-07

6. FEI Number

20-8756726

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

Steven Higbee

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

1020 Collins Ave

Suite, Apt. #, Etc.

City

Orange city

State

FL

Zip Code

32763

☒ 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

[Signature]
REGISTERED AGENT MUST SIGN

Date 4-17-09

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	Steve Higbee	1020 Collins Ave	Orange city FL 32763

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

[Signature]

Date 4-17-09

Daytime Phone # 386-804-9957

Typed or printed name of signing Managing Member/Manager

Steve Higbee