

2008 LIMITED LIABILITY COMPANY REINSTATEMENT

DOCUMENT # L07000050048

1. Entity Name
EARTHWORKS FORMSYSTEMS, LLC.



FILED

08 NOV -7 PM 1:02

SECRETARY OF STATE
TALLAHASSEE FLORIDA

Principal Place of Business Mailing Address
2830 West State Road
84, Suite 102
Dania Beach, FL 33312
Same as Principal

2. Principal Place of Business - No P.O. Box # 3. Mailing Address

Suite, Apt. #, etc. City & State
Suite, Apt. #, etc. City & State

Zip Country Zip Country

10282008 REIN-LLC CR2E101 (1/07)

4. FFI Number ☒ Applied For
Not Applicable

5. Certificate of Status Desired ☐ \$5.00 Additional
Fee Required

6. Name and Address of Current Registered Agent

William Benson
5561 N. UNIVERSITY DRIVE
SUITE 102
CORAL SPRINGS, FL 33067

7. Name and Address of New Registered Agent

Name
Street Address (P.O. Box Number is Not Acceptable)
City FL Zip Code

8. 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

Signature of person or persons who is registered agent and file if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW!!! FEE IS \$238.75
After January 1, 2009, Fee will be \$377.50

Make check payable to
Florida Department of State

9. MANAGING MEMBERS/MANAGERS

TITLE	NAME	STREET ADDRESS	CITY-STATE-ZIP	☐ Delete
MGRM	Tate, Robert Christopher	2830 West State Road 84	Suite 102, Dania Beach FL 33312	☐ Delete
TITLE	NAME	STREET ADDRESS	CITY-STATE-ZIP	☐ Delete
TITLE	NAME	STREET ADDRESS	CITY-STATE-ZIP	☐ Delete
TITLE	NAME	STREET ADDRESS	CITY-STATE-ZIP	☐ Delete
TITLE	NAME	STREET ADDRESS	CITY-STATE-ZIP	☐ Delete
TITLE	NAME	STREET ADDRESS	CITY-STATE-ZIP	☐ Delete

10. ADDITIONS/CHANGES

TITLE	NAME	STREET ADDRESS	CITY-STATE-ZIP	☐ Change	☐ Addition
				☐ Change	☐ Addition
				☐ Change	☐ Addition
				☐ Change	☐ Addition
				☐ Change	☐ Addition
				☐ Change	☐ Addition

11. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my 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 600, Florida Statutes.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

11/07/08

DATE

Signature: (Print Name)