

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 OCT -6 PM 12: 01

DOCUMENT # L07000052220

1. Limited Liability Company's Name

STONE LANDMARK CONSTRUCTION SERVICE

900161284659
10/02/09--01045--013 **282.50

CR2E041 (10/08)

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

5438 DEERBROOK CREEK CIR

Suite, Apt. #, etc.

APT # 6

City & State

TAMPA, FL

Zip

33624

Country

USA

3. Mailing Office Address

5438 DEERBROOK CREEK CIR

Suite, Apt. #, etc.

APT# 6

City & State

TAMPA, FL

Zip

33624

Country

USA

4. State/Country of Formation

FLORIDA/UNITED STATES

5. Date Organized or Qualified

To Do Business in Florida 05/16/2007

6. FEI Number

26-0178951

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

MARTHA C MURIEL

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

5438 DEERBROOK CREEK CIR

Suite, Apt. #, Etc.

APT# 6

City

TAMPA

State

FL

Zip Code

33624

☐ 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

REGISTERED AGENT MUST SIGN

Date 09/29/09

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	MARTHA C MURIEL	5438 DEER BROOK CREEK CIR#6	TAMPA FL 33624
MGR	ROBERTO L URIBE	5438 DEER BROOK CREEK CIR#6	TAMPA FL 33624

REINSTATEMENT

2009-09-29

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

Date 09/29/09

Daytime Phone # 813-7350816

Typed or printed name of signing Managing Member/Manager

MARTHA C MURIEL / ROBERTO L URIBE