

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

LIMITED LIABILITY  
COMPANY  
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE  
Secretary of State  
DIVISION OF CORPORATIONS

FILED

10 JUL 21 PM 18:58

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # L07066115887

1. Limited Liability Company's Name

800183541508  
07/22/10--01001--007 \*\*16.25

CR2E041 (05/10)

Santos Brick Pavers LLC

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

2914 Treasure Circle

Suite, Apt. #, etc

3. Mailing Office Address

2914 Treasure Circle

Suite, Apt. #, etc.

City & State

Panama city FL

Zip

32408

Country

USA

City & State

Panama city FL

Zip

32408

Country

USA

4. State/Country of Formation

Bay County

5. Date Organized or Qualified

To Do Business in Florida

11/16/2007

6. FEI Number

☒ 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

Jose Santos

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

2914 Treasure Circle

Suite, Apt. #, Etc.

City

Panama City FL

State

FL

Zip Code

32408

800183541508  
07/22/10--01001--008 \*\*500.00

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

*Jose Santos*

REGISTERED AGENT MUST SIGN

Date 07-21-10

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
MEM	SANTOS, Jose	2914 Treasure Circle	Panama City FL 32408
REINSTATEMENT 08-10		JBS	

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

Date

Daytime Phone #

Typed or printed name of signing Managing Member/Manager

*Jose Santos*