PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETINGTHIS FORM

LIMITED LIABILITY COMPANY REINSTATEMENT

FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # L20000118524

1 Limited Liability Company's Name

Light Builder LLC

2 Principal Office Address - No P O Box #	3 Mailing Office Address
7135 SW 76th street	7135 SW 76th street
Suite, Apt # etc	Suite Apt #, etc
City & State: Miami Florida	City & State: Miami Florida
Zip: 33143 Country: USA	Zip: 33143 Country: USA

CR2E041 (1/14)

4 State/Country of Formation: Florida, USA

5 Date Organized or Qualified To Do Business in Florida: 11/28/2007

6 FEI Number: 26-1478428 ☐ 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: Enrique Bolanos

Street Address (P O Box Number is Not Acceptable) Suite: 7135 SW 76th street

Apt #, Etc:

City: Miami State: FL Zip Code: 33143

FILED
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9 I, being appointed the registered agent of the above named limited liability company, am familiar with and accept the obligations of Chapter 605, F.S.

Signature of Registered Agent: [signature] REGISTERED AGENT MUST SIGN

Date: 07/07/2020

10 Names and Street Addresses of Authorized Representatives/Managers

Titles	Name of Authorized Representatives/ Managers	Street Address of Each Authorized Representative/ Manager	City / State / Zip
P	Enrique Bolanos	7135 SW 76th street	Miami fl 33143
VP	Nemis Diaz Banos	7135 SW 76th street	Miami fl 33143

SEP 10 2020
S. YOUNG

11 E-mail Address: mnedeff@hotmail.com
(To be used for future annual report notifications)

12 I certify that I am an authorized representative/ manager or the receiver or trustee empowered to execute this application as provided for in Chapter 605, 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 requirement of section 605 0012, 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 I am aware that false information submitted in a document to the Department of State constitutes a third degree felony as provided for in s 817.155, F S

Signature of authorized representative/member: [signature] Date: 07/07/2020 Daytime Phone #: 305-796-7374

Typed or printed name of signing authorized representative/member: Enrique Bolanos