

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

SECRETARY OF STATE
DIVISION OF CORPORATION

10 NOV -8 PM 2:22

LIMITED LIABILITY
COMPANY
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # L08000027087

1. Limited Liability Company's Name

Joe Flores Concrete LLC

200187552392
11/09/10--01001--001 **377.50

CR2E041 (05/10)

2. Principal Office Address - No P.O. Box # <u>85 Wild Turkey</u>		3. Mailing Office Address <u>P.O. Box 165</u>	
Suite, Apt. #, etc. <u>Quincy</u>		Suite, Apt. #, etc. <u>Midway Fl.</u>	
City & State <u>32351</u>		City & State <u>32343</u>	
Zip	Country	Zip	Country

4. State/Country of Formation

5. Date Organized or Qualified To Do Business in Florida 3-14-2008

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 <u>Jose Cruz Flores</u>			
Street Address (P.O. Box Number is Not Acceptable) <u>85 Wild Turkey Ln</u>			
Suite, Apt. #, Etc. <u>Quincy Fl 32351</u>			
City	State	Zip Code	
	<u>FL</u>		

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 Flores
REGISTERED AGENT MUST SIGN

Date 11-08-10

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
<u>MRM</u>	<u>Jose C. Flores</u>	<u>85 Wild Turkey Ln</u>	<u>Quincy Fl</u>

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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 Jose Flores Date 11-08-10 Daytime Phone # _____

Typed or printed name of signing Managing Member/Manager _____