

2010 LIMITED LIABILITY COMPANY REINSTATEMENT

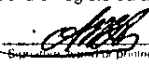
DOCUMENT # L09000080894	
1. Entity Name AGUILAR MASONRY LLC	

Principal Place of Business 206 KENT CT TALLAHASSEE, FL 32305	Mailing Address 206 KENT CT TALLAHASSEE, FL 32305
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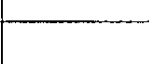
2. Principal Place of Business - No P.O. Box # 3535 Roberts Ave Suite, Apt. #, etc. Lot 194 City & State Tallahassee FL Zip 32310 Country USA	3. Mailing Address 3535 Roberts Ave Suite, Apt. #, etc. Lot 194 City & State Tallahassee FL Zip 32310 Country USA
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6. Name and Address of Current Registered Agent AGUILAR, ANTONIO 206 KENT CT TALLAHASSEE, FL 32305	
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7. Name and Address of New Registered Agent Name Antonio Aguilar Street Address (P.O. Box Number is Not Acceptable) 3535 Roberts Ave Lot 194 City Tallahassee FL Zip Code 32310	
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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 	DATE

FILE NOW!!! FEE IS \$238.75 After January 1, 2011, Fee will be \$377.50	Make check payable to Florida Department of State
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9. MANAGING MEMBERS/MANAGERS		10. ADDITIONS/CHANGES	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR AGUILAR, ANTONIO 206 KENT CT TALLAHASSEE, FL 32305 ☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM Antonio Aguilar 3535 Roberts Ave Lot 194 Tallahassee FL 32310 ☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM RODRIGUEZ, GABRIEL A 206 KENT CT TALLAHASSEE, FL 32305 ☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM Gabriel A. Rodriguez 3535 Roberts Ave Lot 194 Tallahassee FL 32310 ☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM HIRAETEA, JOSÉ B 206 KENT CT TALLAHASSEE, FL 32305 ☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	REINSTATEMENT 2010 ☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	200186356392 10/06/10--01010--023 **238.75 ☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ 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 608, Florida Statutes.	
SIGNATURE: 	DATE

FILED

10 OCT -6 AM 11:34

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



10062010 REIN-LLC CR2E101 (1/07)

4. FEI Number	☒ Applied For ☐ Not Applicable
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5. Certificate of Status Desired	☐ \$5.00 Additional Fee Required
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