2010 LIMITED LIABILITY COMPANY REINSTATEMENT

DOCUMENT # L09000080894

1. Entity Name
AGUILAR MASONRY LLC

FILED
10 OCT -6 AM 11:34
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Principal Place of Business	Mailing Address
206 KENT CT TALLAHASSEE, FL 32305	206 KENT CT TALLAHASSEE, FL 32305

10062010 REIN-LLC CR2E101 (1/07)

2. Principal Place of Business - No P.O. Box #	3. Mailing Address
3535 Roberts Ave	3535 Roberts Ave
Suite, Apt. #, etc. Lot 194	Suite, Apt. #, etc. Lot 194
City & State Tallahassee FL	City & State Tallahassee FL
Zip / Country 32310 / USA	Zip / Country 32310 / USA

4. FEI Number — [X] Applied For [ ] Not Applicable

5. Certificate of Status Desired [ ] **$5.00** Additional Fee Required

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
AGUILAR, ANTONIO 206 KENT CT TALLAHASSEE, FL 32305	Name: Antonio Aguilar Street Address (P.O. Box Number is Not Acceptable): 3535 Roberts Ave lot 194 City: Tallahassee FL Zip Code: 32310

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
Signature of or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

FILE NOW!!! FEE IS $238.75
After January 1, 2011, Fee will be $377.50

Make check payable to Florida Department of State

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, JOSE 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		[ ] Delete	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: _____
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE — Date — Daytime Phone #