

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**LIMITED LIABILITY  
COMPANY  
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE  
Secretary of State  
DIVISION OF CORPORATIONS

DOCUMENT # L09000080894

1. Limited Liability Company's Name

Aguilar masonry LLC

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

398 mastic LN

Suite, Apt. #, etc.

City & State

Tallahassee FL

Zip

32310

Country

3. Mailing Office Address

398 mastic LN

Suite, Apt. #, etc.

City & State

Tallahassee FL

Zip

Country

4. State/Country of Formation

Tallahassee FL

5. Date Organized or Qualified  
To Do Business in Florida

1/6/14

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

Antonio M Aguilar

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

398 mastic LN

Suite, Apt. #, Etc.

City

Tallahassee

State

FL

Zip Code

32310

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

REGISTERED AGENT MUST SIGN

Date

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
<del>owner</del>	<u>Antonio M Aguilar</u>	<u>398 mastic LN</u>	<u>Tallahassee FL 32310</u>
		<u>Tallahassee FL</u>	

11. E-mail Address:

(To be used for future annual report notifications)

12. I certify that I am a 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. 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

Managing Member/Manager

Date

1/6/14

Daytime Phone #

850-273-9413

Typed or printed name of signing Managing Member/Manager