## PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETINGTHIS FORM

REIN	ED LIABILITY COMPANY ISTATEMENT	DIVI	A DEPARTMENT Secretary of State	9		16 NOV 15 FT 3:	
DOCUMENT # LO9000080894  1 Limited Liability Company's Name  Aguilar masony LLC						Manager 198	ĬĐA
Ag(	ullar mason	4 4					
2 Principal Office Address - No PO Box# 3. Mailing Off			fice Address		CR2E041 (1/14)		
398 Mastic lane		398	398 Mastic lane		4. State/Country of Formation		
Suite Apt #, etc		Suite, Apt #,	Suite, Apt #, etc		5. Date Organized or Qualified 1		
					5. Date Organized or Qualified To Do Business in Florida 8/2/7009		
	hassee, FL		Tullahassec, FL		6. FEI Number Applied For Not Applicable		
Zip Country Zip		Country		7. CERTIFICATE OF STATUSD ESIRED S5.00 Additional For required for a certificate of status			
3 2310 323							:
Name and Address of Current Registered Agent     Name							
Antonio Aguilar Stree: Address (P O Box Number is Not Acceptable) Surte.							
					500292365976 11/15/16-01018011 **238,75		
398 Mastic lane					11	/15/16U1U1UU1	1 **238.75
Tall	lahassee		State FL	Zip Code 32316			
9. I. being	g appointed the registered agent of the a	ove named limited	f hability company,		ept the obligation:	s of Chapter 605, F.S.	
Registered Agent REGISTERED AGENT MUST SIGN					Date		
10 Names	and Orace Address of A Novice of Co.						<del></del>
1"	and Street Addresses of Authorized Repr	esentatives managi	ers	Street Address of Each			
Titles	Authorized Representatives/ Managers		Authorized Representative/ Manager		City / State / Zip		
MGRM	Antonio Agui	97	398	Wlastic	lane	Tallahassec,	FL, 32 510
					S. HAWKES		
	REINST	ATEN	MENI	<b>-</b>		NOV . 5 A.M	
					EVARAMED		
11, E-mail A	Address.					DIALES ATT	
certify that v 605.0012, F shall have t	that I am an authorized representative, when filing this reinstatement application. F.S., and that all fees owed by the limit the same legal effect as if made under rovided for in s. 817.155, F.S.	n the reason for d d liability compan	eceiver or trustee issolution has bee ly have been paid.	en eliminated, the limited . The information indicat	this application a d liability compan ted on this applic	y name satisfies the requirement of ation is true and accurate, and my	of section
-	f authorized representative/member			Date	D	aytime Phone #	
Typed or pr	nnted name of signing authorized repre-	entative/member					