

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**LIMITED LIABILITY
COMPANY
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # L09000087404

1. Limited Liability Company's Name

C & M Granitemart, LLC

2. Principal Office Address - No P.O. Box #
118 13th Street

Suite, Apt. #, etc.

City & State

Santa Rosa Beach, FL

Zip

32459

Country

USA

3. Mailing Office Address

Suite, Apt. #, etc.

City & State

Zip

Country

4. State/Country of Formation

Florida

5. Date Organized or Qualified
To Do Business in Florida

09/10/2009

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

Ricardo Mastrulli

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

18935 85th Ave.

Suite, Apt. #, Etc.

Apt. 1604

City

Miami Garden

State

FL

Zip Code

33015

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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

Date **11/22/10**

REGISTERED AGENT MUST SIGN

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
MGR	Ricardo Mastrulli	18935 85th Ave., Apt 1604	Miami Garden, FL 33015

REINSTATEMENT

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 808.406, 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

RICARDO MASTRULLI

Date **11/24/10**

Daytime Phone # _____

Typed or printed name of signing Managing Member/Manager **Ricardo Mastrulli**