

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM

**LIMITED LIABILITY
COMPANY
REINSTATEMENT**

 FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # L17000198906

 1 Limited Liability Company's Name
D&R STONE DESIGN LLC

 600392102776
08/03/22--01002--001 **\$13.75

 600392102776
11/02/22--01002--001 **\$5.00

CR2E041 (1/14)

2. Principal Office Address - No P.O. Box # 3140 SW 19 ST		3. Mailing Office Address 3140 SW 19 ST	
Suite Apt #, etc #566		Suite Apt #, etc #566	
City & State PEMBROKE PARK		City & State PEMBROKE PARK	
Zip 33009	Country USA	Zip 33009	Country USA

4. State/Country of Formation FLORIDA	
5. Date Organized or Qualified To Do Business in Florida 09/26/2017	
6. FEI Number	<input checked="" type="checkbox"/> Applied For <input type="checkbox"/> Not Applicable
7. CERTIFICATE OF STATUS DESIRED <input checked="" type="checkbox"/> \$5.00 Additional Fee required for a certificate of status	

8. Name and Address of Current Registered Agent			
Name GERONIMO D COUSIN			
Street Address (P.O. Box Number is Not Acceptable) Suite, 3140 SW 19 ST			
Apt. #, Etc #566			
City PEMBROKE PARK		State FL	Zip Code 33009

9. I, being appointed the registered agent of the above named limited liability company, am familiar with and accept the obligations of Chapter 605, F.S.

 Signature of
Registered Agent

 1726CC68C844400
REGISTERED AGENT MUST SIGN

Date

10. Names and Street Addresses of Authorized Representatives/Managers			
Titles	Name of Authorized Representative/Managers	Street Address of Each Authorized Representative/Manager	City / State / Zip
AMBR	GERONIMO D COUSIN	123 JANIS BLVD LOT 54	HALLANDALE BEACH, FL 33009
AMBR	ROXANA E GAMEZ	460 ELDRON DR APT #6	HALLANDALE BEACH, FL 33009

11. E-mail Address JBARINAS@BARINASASSOCIATES.COM

D CUSHING

12. I certify that I am an authorized representative/manager or the receiver or trustee empowered to execute this application as provided for in Chapter 605, 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 requirement of section 605.0012, 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 not a third degree felon as provided for in s. 817.155, F.S.

Signature of authorized representative/member

Date

Daytime Phone #

305-910-7490

Typed or printed name of signing authorized representative/member GERONIMO D COUSIN