PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

IMITED LIABILITY COMPANY REINSTATEMENT

FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED
2019 NOV -4 PM 3:12
DIVISION OF CORPORATION
TALLAHASSEE, FLORIDA

300386611973
11/04/19--01005--017 **525.00

CR2E041 (12/13)

OCUMENT # L19000250628

imited Liability Company's Name
Stone's Site work Solutions

Principal Office Address - No P.O. Box #	3. Mailing Office Address	4. State/Country of Formation
1587 Fuller Road	Same	
e, Apt. #, etc	Suite, Apt. #, etc.	5. Date Organized or Qualified To Do Business in Florida
& State	City & State	6. FEI Number ☐ Applied For ☐ Not Applicable
Tallahassee, FL		
32303 / Country: USA	Zip / Country	7. CERTIFICATE OF STATUS DESIRED ☐ $5.00 Additional Fee required for a Certificate of Status

Name and Address of Current Registered Agent

ame: James Stone

treet Address (P.O. Box Number is Not Acceptable): 1587 Fuller Rd.

uite, Apt. #, Etc

ity: Tallahassee | State: FL | Zip Code: 32303

E-mail Address:
300386611973
10/09/19--01005--011 **113.75

jamiestone@stonessiteworksolutions.com
(To be used for future annual report notices)

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: [signature] Date: 11/4/2019
REGISTERED AGENT MUST SIGN

0. Names and Addresses of Each Person Authorized to manage the Limited Liability Company

Titles MBR/MGR	Name of Authorized Person	Street Address of Each Authorized Person	City / State / Zip
MGV	James Stone	1587 Fuller Rd	Tallahassee FL 32303 32424

11. I certify that I am an authorized person 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 requirements of Chapter 605, 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 Authorized Person: [signature] Date: 11/4/2019 Daytime Phone #

Typed or printed name of signing Authorized Person: T MOORE

NOV 04 2019