

APPLICATION FOR
REINSTATEMENT FOR
LIMITED LIABILITY COMPANY



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

APPROVED
AND
FILED

97 NOV 17 AM 11:24

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Make Check Payable To: FLORIDA DEPARTMENT OF STATE

1. Name and Mailing Address
of Limited Liability Company

DOCUMENT # L95000000114

FIBRECRETE OF FLORIDA L.C.
P.O.Box 165563
Ft.Lauderdale, Fl. 33316

1a. Principal Place of Business Address

950 Eller Drive
Bay 5
Ft.Lauderdale, Fl. 33316

If above mailing address is incorrect in any way line through incorrect information and enter correction in Block 2a.

2. Principal Place of Business

2a. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

3. Date Organized or Qualified

01/25/95

3a. State of Formation

Fl.

4. FEI Number

65-0610274

☐ Applied For

☐ Not Applicable

5. Date of Last Report

10/22/96

6. Certificate of Status Desired

\$8.75 Additional Fee Required ☐

7. Name and Address of Current Registered Agent

8. Name and Address of New Registered Agent

PRENTICE HALL CORPORATION
1201 Hays St. 105
Tallahassee, Fl. 32301

Name

Thomas E. Ezzo

Street Address (P.O. Box Number is Not Acceptable)
4792 N.W. 66th Ave.

Suite, Apt. #, etc.

City

Ft.Lauderdale

Zip Code

FL

33319

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

Thomas E. Ezzo

Date **11/12/97**

10. Title

Managing Members/Managers

Business Street Address

City, State & Zip Code

MGRM

WILLIS, GORDON A. JR.

600 GERMANNA HIGHWAY

CULPEPER, VA.

MGRV

EZZO, THOMAS E.

4792 N.W. 66th Ave

FT. LAUDERDALE, FL.

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******703.75 ****703.75**

REINSTATEMENT

A. Alan
11/17/97

11. 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 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.

Signature of
Managing Member/Manager

Thomas E. Ezzo

Date **11/12/97**

Daytime Phone # **954-761-8555**

Typed or printed name of signing Managing Member/Manager

THOMAS E. EZZO