

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**LIMITED LIABILITY
COMPANY
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED

10 JUN 22 PM 1:55

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # 30-A Decorative Arts, LLC

1. Limited Liability Company's Name

L060000010584

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100182477821
06/22/10--01022--002 **\$16.25

CR2E041 (05/10)

2. Principal Office Address - No P.O. Box #

64 Birch St.

Suite, Apt. #, etc

3. Mailing Office Address

64 ~~same~~ Birch St.

Suite, Apt. #, etc

4. State/Country of Formation

FL, USA

5. Date Organized or Qualified
To Do Business in Florida

2008

6. FEI Number

760830511

Applied For

Not Applicable

7. CERTIFICATE OF STATUS DESIRED ☐

\$5.00 Additional Fee required
for a Certificate of Status

City & State

Santa Rosa Bch. FL

City & State

Santa Rosa Bch FL

Zip

32459

Country

USA

Zip

32459

Country

USA

8. Name and Address of Current Registered Agent

Name

William Edwards

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

64 Birch St.

Suite, Apt. #, Etc

City

Santa Rosa Bch

State

FL

Zip Code

32459

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

William Edwards

Date 6-18-10

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
MEMGR	<u>William Edwards</u>	<u>64 Birch St.</u>	<u>Santa Rosa Bch FL 32459</u>

REINSTATEMENT

2008-2010

nc 6/28/10

11. E-mail Address William.Edwards102@n...

(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 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

William Edwards

Date 6-18-10

Daytime Phone #

(850) 543 3276

Typed or printed name of signing Managing Member/Manager

William Edwards