

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

L00000005644

**LIMITED LIABILITY
COMPANY
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
01 DEC 19 PM 4:14

DOCUMENT # **L-5644**

1. Limited Liability Company's Name

Painting by Tommy, LLC

9/28/01

2. Principal Office Address

516 NW 52nd st

Suite, Apt. #, etc.

3. Mailing Office Address

516 NW 52nd st

Suite, Apt. #, etc.

City & State

Boca Raton, FL

City & State

Boca Raton, FL

Zip

33487

Country

US

Zip

33487

Country

US

4. State/Country of Formation

FL

5. Date Organized or Qualified
To Do Business in Florida

5/12/2000

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

Sheila S. Zietz

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

516 NW 52nd st

Suite, Apt. #, Etc.

City

Boca Raton

State

FL

Zip Code

33487

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

[Signature]

REGISTERED AGENT MUST SIGN

Date

12/11/01

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
Mgrm	Tomas Sevillano	516 NW 52nd st, Boca R.	Boca Raton, FL 33487
			Rein 100.
			UBR 50.
			CUS 5.
			150

REINSTATEMENT 2001

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

[Signature]

Date

12/11/01

Daytime Phone#

(561) 241-0547

Typed or printed name of signing Managing Member/Manager

Tomas Sevillano

CR2004 (9/00)