

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

2009 LLC
APPLICATION
FOR
REINSTATEMENT
UBR

FLORIDA DEPARTMENT OF STATE
Jim Smith
Secretary of State
DIVISION OF CORPORATIONS

1. DOCUMENT # L01000009074

Name and Mailing Address

0005943 01 FP 0.352 **PRSR T8 0 0615 34236-484650



DIRECT MASKING SUPPLIES, LLC
1133 4TH STREET, STE. 200
SARASOTA FL 34236-4846

FILED
02 NOV -5 PM 12:44
SECRETARY OF STATE
TALLAHASSEE, FLORIDA



2. New Mailing Address
 City, State, Zip

4. State/Country of Formation
 FL

5. Date Organized or Qualified To Do Business in Florida
 06/06/2001

6. FEI Number
 65-1109844

7. CERTIFICATE OF STATUS DESIRED ☐ **\$5.00 Additional Fee required for a Certificate of Status**

3. New Principal Place of Business Address
 City, State, Zip

8. Name and Address of Current Registered Agent
 CORPORATION SERVICE COMPANY
 1201 HAYS STREET
 TALLAHASSEE FL 32301-2525

9. Name and Address of New Registered Agent
 Name
 Street Address (P.O. Box Number is Not Acceptable)
 City FL Zip Code

10. 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 _____ Date _____
 REGISTERED AGENT MUST SIGN

11. Names and Street Addresses of Each Managing Member/Manager			
Title(s)	Name of Managing Members/Managers	Street Address of Each Managing Member/Manager	City / State / Zip
PRES.	U.J. BRUALDI	435' L'AMBIANCE DRIVE LONGBOAT KEY, FL 34237	LONGBOAT KEY, FL 34237

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 U.J. Brualdi Date 10/31/02 Daytime Phone # 973-301-2491
 Typed or printed name of signing Managing Member/Manager U.J. BRUALDI

CR2E084 (8/02)