

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**LIMITED LIABILITY  
COMPANY  
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE  
Secretary of State  
DIVISION OF CORPORATIONS

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS

06 MAY 19 AM 10:20

DOCUMENT # LD2000003934

1. Limited Liability Company's Name

Leslie Davis Interiors L.L.C.

2. Principal Office Address

5605 S. Flagler Dr.

Suite, Apt. #, etc.

City & State

West Palm Beach, FL

Zip

33405

Country

USA

3. Mailing Office Address

5605 S. Flagler Dr.

Suite, Apt. #, etc.

City & State

West Palm Beach, FL

Zip

33405

Country

USA

CR2E041 (8/05)

4. State/Country of Formation

Florida, USA

5. Date Organized or Qualified  
To Do Business in Florida

Febr. 15, 2002

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

Leslie A. Davis

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

5605 S. Flagler Drive

Suite, Apt. #, Etc.

City

West Palm Beach

State

FL

Zip Code

33405

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

Leslie A. Davis

Date

5/8/06

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
<u>MEM</u>	<u>Leslie A. Davis</u>	<u>5605 S. Flagler Dr.</u>	<u>W.P.B., FL 33405</u>

REINSTATEMENT

03-06

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

Leslie A. Davis

Date

5/8/06

Daytime Phone

(561) 379-8440

Typed or printed name of signing Managing Member/Manager