

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM

LIMITED LIABILITY
COMPANY
REINSTATEMENT

DIVISION OF CORPORATIONS

FILED

DOCUMENT # L02000005553

1. Limited Liability Company's Name

FUZZYBRUSH NORTH AMERICA, LLC

03 DEC -9 PM 2:18

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

2. Principal Office Address

195 ANCHORAGE

Suite, Apt. #, etc.

City & State

FORT MYERS BEACH, FL

Zip

33931

Country

USA

3. Mailing Office Address

P.O. BOX 08547 4065

Suite, Apt. #, etc.

City & State

FORT MYERS, FL BEACH, FL

Zip

99908 33932

Country

USA

4. State/Country of Formation

FLORIDA

5. Date Organized or Qualified
To Do Business in Florida

3/7/02

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

JOSEPH A. TROIANO

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

2320 FIRST STREET

Suite, Apt. #, Etc.

SUITE 1000

City

FORT MYERS

State

FL

Zip Code

33901

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

Joseph A. Troiano

Date 12/4/03

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
MGRM	THOMAS A. LEBEAU	195 ANCHORAGE	FORT MYERS BEACH, FL 33931

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 A. Lebeau

Date

12/4/03

Daytime Phone #

(239) 410-6018

Typed or printed name of signing Managing Member/Manager

THOMAS A. LEBEAU