

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

05 AUG 17 AM 10:04

**DOCUMENT # L02000010337**

**1. Limited Liability Company's Name**

Decorating Doctor LLC

**2. Principal Office Address**

8500 SW20th Street

Suite, Apt. #, etc.

house

City & State

Davie, Florida

Zip

33324

Country

USA

**3. Mailing Office Address**

8500 SW20th Street

Suite, Apt. #, etc.

house

City & State

Davie, Florida

Zip

33324

Country

USA

**4. State/Country of Formation**

Florida

**5. Date Organized or Qualified  
To Do Business in Florida**

04/30/02

**6. FEI Number**

043700384

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

Robert J. Gagner

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

8500 SW 20th Street

Suite, Apt. #, Etc.

City

Davie

State

FL

Zip Code

33324

**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

*Robert J. Gagner*  
REGISTERED AGENT MUST SIGN

Date 08/15/05

**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
MGR	Robert J. Gagner	8500 SW 20th Street	Davie, FL. 33324

**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

*Robert J. Gagner*

Date 08/15/05

Daytime Phone# 786-210-7264

Typed or printed name of signing Managing Member/Manager

CR2E041 (10/02)