


PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

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| LIMITED LIABILITY COMPANY REINSTATEMENT |  | FLORIDA DEPARTMENT OF STATE Secretary of State DIVISION OF CORPORATIONS |
|--|---|--|

FILED

06 OCT 23 PM 3:00

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **LO2000022489**

1. Limited Liability Company's Name

Roberts + Sons Painting, LLC

2. Principal Office Address

6820 EastVIEW DR
Suite, Apt. #, etc.

3. Mailing Office Address

6820 EastVIEW DR
Suite, Apt. #, etc.

City & State

Lantana

City & State

Lantana

Zip

FL

Country

33462

Zip

FL

Country

33462

CR2E041 (8/05) **012/06 01003 014 \$300.00**

4. State/Country of Formation

5. Date Organized or Qualified
To Do Business in Florida

6. FEI Number

☒ Applied For

☐ Not Applicable

7. CERTIFICATE OF STATUS DESIRED ☐

\$5.00 Additional Fee required
for a Certificate of Status

B. Name and Address of Current Registered Agent

Name

TRACY DEAN Roberts

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

6820 EastVIEW DR

Suite, Apt. #, Etc.

City

Lantana

State

FL

Zip Code

33462

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

Tracy Dean Roberts
REGISTERED AGENT MUST SIGN

Date **10-20-06**

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 | Tracy D Roberts | 6820 EastVIEW | Lantana FL 33462 |
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03 04 05 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

Tracy Dean Roberts

Date **10-20-06**

Daytime Phone# **561 577 2965**

Typed or printed name of signing Managing Member/Manager

TRACY DEAN Roberts