

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 OCT -6 AM 8:55

DOCUMENT #

LD3000012422

1. Limited Liability Company's Name

Artwell's Paint & Landscaping LLC.

2. Principal Office Address

6189 SW 194th Ave

Suite, Apt. #, etc.

3. Mailing Office Address

Suite, Apt. #, etc.

City & State

Pembroke Pines

City & State

Zip

33332

Country

U.S.A

Zip

Country

4. State/Country of Formation

Florida

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

4/4/03

6. FEI Number

77-0600412

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

Anthony Artwell

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

6189 SW 194th Ave

Suite, Apt. #, Etc.

REINSTATEMENT 04-05

City

Pembroke Pines

State

FL

Zip Code

33332

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

REGISTERED AGENT MUST SIGN

Date 10-3-05

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
V.P.	Dionne Gibson	6189 SW 194 th Ave	Pembroke Pines, FL 33332
ASSISTANT V.P.	Lisa Artwell	6189 SW 194 th Ave	Pembroke Pines, FL 33332
CEO	Anthony Artwell	6189 SW 194 th Ave	Pembroke Pines, FL 33332

500060781205
10/19/05--01065--001 **200.00

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 person 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

Date 10-3-05 Daytime Phone#

Typed or printed name of signing Managing Member/Manager