

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

07 JAN 26 AM 9:26

DOCUMENT # L03000025097

1. Limited Liability Company's Name

ELITE CERAMIC ART & DESIGN SERVICES, LLC

300086822283
01/31/07--01049--013 **250.00
CR2E041 (1/07)

2. Principal Office Address - No P.O. Box #
2309 87TH ST. N. W.

3. Mailing Office Address
2309 87TH ST. N.W.

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State
BRADENTON, FL

City & State
BRADENTON, FL

Zip
34209

Country
USA

Zip
34209

Country
USA

4. State/Country of Formation
Florida

**5. Date Organized or Qualified
To Do Business in Florida** **July 10, 2003**

6. FEI Number **65-1198439**

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
Peter J Jaensch

Street Address (P.O. Box Number is Not Acceptable)
2198 Main Street

Suite, Apt. #, Etc.

City
Sarasota

State **FL** **Zip Code** **34237**

☐ A \$100 reinstatement fee is imposed, except in circumstances which the entity did not receive the prior notices. By checking this box, you are certifying the prior notices were not received and requesting the \$100 reinstatement be waived.

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 **01/22/2007**

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	ARRAND, DAVID P	2309 87TH ST. N.W.	BRADENTON, FL 34209
MGRM	ARRAND, GWENDOLYN	2309 87TH ST. N.W.	BRADENTON, FL 34209

REINSTATEMENT 05-07

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**

Date **01/22/2007** **Daytime Phone #** **(941) 792-2552**

Typed or printed name of signing Managing Member/Manager **David P. Arrand - MGRM**