

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**LIMITED LIABILITY
COMPANY
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED

04 DEC 13 PM 3:13

SECRETARY OF STATE
TALLAHASSEE FLORIDA

800043366832
12/13/04--01059--018 **150.00

DOCUMENT # L03000056405

1. Limited Liability Company's Name

ARTHUR GRAY PAPERHANGING, LLC

2. Principal Office Address

4430 PENINSULA POINT

Suite, Apt. #, etc.

3. Mailing Office Address

Suite, Apt. #, etc.

City & State

SANFORD, FL

City & State

Zip

32771

Country

SEMINOLE

Zip

Country

4. State/Country of Formation

SEMINOLE

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

12/22/03

6. FEI Number

35-2221978

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

ARTHUR GRAY

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

4430 PENINSULA POINT

Suite, Apt. #, Etc.

City

SANFORD

**State
FL**

Zip Code

32771

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**

Arthur Gray

REGISTERED AGENT MUST SIGN

Date 12/8/04

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	ARTHUR GRAY	4430 PENINSULA POINT	SANFORD FL 32771

REINSTATEMENT 2004

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**

Arthur Gray

Date 12/8/04

Daytime Phone # 407-681-8332

Typed or printed name of signing Managing Member/Manager

ARTHUR GRAY

CR2E041 (10/02)