

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

LIMITED LIABILITY
COMPANY
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED
08 JUN 12 PM 1:07
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # L040000 28708

1. Limited Liability Company's Name

DENNIS MORRELL PAINTING, LLC

2. Principal Office Address - No P.O. Box #

EASTERN LK. RD.

41-B

City & State

SANTA ROSA BCH, FL

Zip

32459

Country

U.S.A.

3. Mailing Office Address

EASTERN LK. RD.

Suite, Apt. #, etc.

41-B

City & State

SANTA ROSA BCH, FL

Zip

32459

Country

U.S.A.

OR25041 (12/07)

4. State/Country of Formation

FLORIDA

5. Date Organized or Qualified
To Do Business in Florida

4/14/2004

6. FEI Number

201049641

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

SHANNON L. WIDMAN

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

600 GRAND BLVD.

Suite, Apt. #, Etc.

STE. 205

City

DESTIN

State

FL

Zip Code

32550

☐ 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

Shannon L. Widman
REGISTERED AGENT MUST SIGN

Date 5/21/08

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.	DENNIS MORRELL	41-B EASTERN LK, RD.	SANTA ROSA BCH, FLA, 32459

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

Dennis Morrell

Date 5-15-08

Daytime Phone # 850-231-9438

Typed or printed name of signing Managing Member/Manager DENNIS MORRELL