

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

LIMITED LIABILITY
COMPANY
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED

06 NOV 15 PM 1:18

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # 404000033016

1. Limited Liability Company's Name

Many Painted Things, LLC

CR2E041 (8/05)

11/15

2. Principal Office Address

2460 Arush Branch Blvd

3. Mailing Office Address

same

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

Tallahassee FL

City & State

Zip

32309

Country

Leon

Zip

Country

4. State/Country of Formation

FL / Leon

5. Date Organized or Qualified
To Do Business in Florida

04/30/2004

6. FEI Number

830344340

☒ 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

Krista Phillips

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

2460 Arush Branch Blvd

Suite, Apt. #, Etc.

City

Tallahassee

State

FL

Zip Code

32309

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

Krista Phillips

Date

11/15/06

REGISTERED AGENT MUST SIGN

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
MEM	Krista Phillips	2460 Arush Branch Blvd	Tallahassee FL 32309
			200091910802 11/17/06--01055--011 **100.00

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 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

Krista Phillips

Date

10/15/06

Daytime Phone #

570 9016

Typed or printed name of signing Managing Member/Manager

Krista Phillips

W/o Penalty 2005-
REINSTATEMENT 2006

10/15/2016.

NUM: L04000033016

Dear Sirs:

I am filing for reinstatement of my LLC,
Many Painted Things, LLC. I did not receive the
Annual Report forms for 2006.

Thank You,
Kusta Phillips