

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**LIMITED LIABILITY
COMPANY
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # 217170 L040000040175

1. Limited Liability Company's Name

Mechanical Artistry, LLC

500183140185
07/09/10--01041--007 **238.75

CR2E041 (05/10)

2. Principal Office Address - No P.O. Box # 18800 SE Crosswinds Lane		3. Mailing Office Address 18800 SE Crosswinds Lane	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State Jupiter		City & State Jupiter	
Zip 33478	Country US	Zip 33478	Country US

4. State/Country of Formation Florida, US	
5. Date Organized or Qualified To Do Business in Florida 2003	
6. FEI Number	<input type="checkbox"/> Applied For <input checked="" type="checkbox"/> Not Applicable
7. CERTIFICATE OF STATUS DESIRED <input type="checkbox"/> \$5.00 Additional Fee required for a Certificate of Status	

8. Name and Address of Current Registered Agent

Name Carol A. Brinker		
Street Address (P.O. Box Number is Not Acceptable) 18800 SE Crosswinds Lane		
Suite, Apt. #, Etc.		
City Jupiter	State FL	Zip Code 33478

500183140185
08/03/10--01006--006 **300.00

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 Carol A. Brinker

Date **07/02/10**

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
MGR	Joe E. Brinker	18800 SE Crosswinds Lane	Jupiter, FL 33478

REINSTATEMENT

W

S. HAWKES

JUL 12 2010

EXAMINER

11. E-mail Address: epicuran@bellsouth.net

(To be used for future annual report notifications)

12. 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 Joe E. Brinker

Date **07/02/10**

Daytime Phone # **561-743-9663**

Typed or printed name of signing Managing Member/Manager



FLORIDA DEPARTMENT OF STATE
Division of Corporations

July 12, 2010

MECHANICAL ARTISTRY LLC
18800 SE CROSSWINDS LANE
JUPITER, FL 33478

SUBJECT: MECHANICAL ARTISTRY LLC
Ref. Number: L04000040175

We have received your document for MECHANICAL ARTISTRY LLC and your check(s) totaling \$238.75. However, the enclosed document has not been filed and is being returned for the following correction(s):

The above named entity is listed as an active entity with our office; therefore, the document(s) submitted is/are not required.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6955.

Suzanne Hawkes
Regulatory Specialist II

Letter Number: 010A00016838