

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**LIMITED LIABILITY
COMPANY
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED

2011 OCT -7 PM 1:15

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

CR2E041 (1/11)

DOCUMENT # L04000042818

1. Limited Liability Company's Name

SMITH'S Painting and Pressure cleaning, LLC

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

144 Kendale Dr

Suite, Apt. #, etc.

City & State

Safety Harbor FL

Zip

34695

Country

3. Mailing Office Address

same

Suite, Apt. #, etc.

City & State

Zip

Country

4. State/Country of Formation

Florida

5. Date Organized or Qualified
To Do Business in Florida

6-7-04

6. FEI Number

510498678

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

David A. Smith

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

144 Kendale

Suite, Apt. #, Etc.

City

Safety Harbor

State

FL

Zip Code

34695

E-mail Address:

900212723169

09/29/11--01040--003 **238.75

Das harbor 37 @ YA Hoo.com
(To be used for future annual report notices)

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

David A. Smith

Date 9-26-11

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
V-P	Dave J. Smith	144 Kendale Dr.	Safety Harbor FL 34695
			900212723169
			10/10/11--01008--020 **138.75
			REINSTATEMENT
			10-11 <i>AK</i>

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. I am aware that false information submitted in a document to the Department of State constitutes a third degree felony as provided for in s.817.155, F.S.

Signature of Managing
Member/Manager

David A. Smith

Date 9-26-11

Daytime Phone # 727-418-1945

Typed or printed name of signing Managing Member/Manager