

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**LIMITED LIABILITY  
COMPANY  
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE  
Secretary of State  
DIVISION OF CORPORATIONS

**FILED**

07 MAR 19 PM 12:44

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

**DOCUMENT #**

1. Limited Liability Company's Name

Vinylizer LLC

L040000046181

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

944-E. OAK Ridge Rd.

Suite, Apt. #, etc.

3. Mailing Office Address

Suite, Apt. #, etc.

SAME

City & State

TALL. FL

Zip

32305

Country

Leon

City & State

Zip

Country

4. State/Country of Formation

5. Date Organized or Qualified  
To Do Business in Florida

06/21/04

6. FEI Number

☒ 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

William Holley

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

944-E. OAK Ridge Rd.

Suite, Apt. #, Etc.

TALL. FL 32305

City

State

FL

Zip Code

32305

☒ 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

William Holley

REGISTERED AGENT MUST SIGN

Date 03/19/07

**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 William Holley	944-E. OAK Ridge Rd.	TALL. FL 32305
			200094463192
			03/22/07--01009--022 ***150.00
		REINSTATEMENT	05-07
			15

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

William Holley

Date 03/19/07

Daytime Phone # 212-8886

Typed or printed name of signing Managing Member/Manager

William Holley