

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**LIMITED LIABILITY
COMPANY
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

08 DEC -9 PM 1:29

DOCUMENT # L04000058213

1. Limited Liability Company's Name

CUSTOM STUCCO & DESIGN, LLC

CR2E041 (10/08)

2. Principal Office Address - No P.O. Box # 2320 LAKEGROVE ROAD		3. Mailing Office Address 2320 LAKEGROVE ROAD	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State WEWAHITCHKA, FLORIDA		City & State WEWAHITCHKA, FLORIDA	
Zip 32465	Country US	Zip 32465	Country 32465

4. State/Country of Formation FLORIDA	
5. Date Organized or Qualified To Do Business in Florida 09/14/2007	
6. FEI Number 20-1454277	<input type="checkbox"/> Applied For <input type="checkbox"/> Not Applicable
7. CERTIFICATE OF STATUS DESIRED <input checked="" type="checkbox"/> \$5.00 Additional Fee required for a Certificate of Status	

8. Name and Address of Current Registered Agent			
Name MICHEAL A LEE			
Street Address (P.O. Box Number is Not Acceptable) 2320 LAKEGROVE ROAD			
Suite, Apt. #, Etc.			
City WEWAHITCHKA		State FL	Zip Code 32465

☒ 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

REGISTERED AGENT MUST SIGN

Date 12-2-08

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
MGRM	MICHAEL A LEE	2320 LAKEGROVE ROAD	WEWAHITCHKA, FL 32465
MGRM	ANGIE D WARD	2320 LAKEGROVE ROAD	WEWAHITCHKA, FL 32465

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REINSTATEMENT 2007-08

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

Date 12-2-08

Daytime Phone # 850-628-7115

Typed or printed name of signing Managing Member/Manager MICHAEL A LEE