

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**LIMITED LIABILITY
COMPANY
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # L 04000065369

1. Limited Liability Company's Name

Brushin & Beyond Professional
Painting

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

2911 Bayshore Dr.

3. Mailing Office Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

Tallahassee, FL

City & State

Zip

Country

32309 USA

Zip

Country

8. Name and Address of Current Registered Agent

Name

Darin Reynolds

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

2911 Bayshore Drive

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

D R

REGISTERED AGENT MUST SIGN

Date

04-30-10

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
MEMBER	Darin Reynolds	2911 Bayshore Drive	Tallahassee, FL

REINSTATEMENT

09-10

04-30-10

11. E-mail Address:

(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

D R

Date

4-30-10

Daytime Phone #

Typed or printed name of signing Managing Member/Manager

FILED

10 APR 30 PM 12:17

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

200179399662
04/30/10--01006--011 **277.50

CR2E041 (11/09)

4. State/Country of Formation

Florida

5. Date Organized or Qualified
To Do Business in Florida

6. FEI Number

593-64-0837

Applied For

Not Applicable

7. CERTIFICATE OF STATUS DESIRED ☐

\$5.00 Additional Fee required
for a Certificate of Status

☒ 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.