

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

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DOCUMENT #

L04000066854

1. Limited Liability Company's Name

Custom Perfect Printing, LLC

700065070017
02/02/06--01010--011 **200.00

CR2E041 (8/05)

2. Principal Office Address

7104 Big Daddy Drive

Suite, Apt. #, etc.

E-8

City & State

Panama City Beach FL

Zip
32407

Country

USA

3. Mailing Office Address

4491 Millers Ferry Rd

Suite, Apt. #, etc.

City & State

Vernon FL

Zip

32462

Country

USA

4. State/Country of Formation

FL USA

**5. Date Organized or Qualified
To Do Business in Florida**

9-13-04

6. FEI Number

20-116083 04

☒ 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

~~Kevin Wessell~~

Name

Kevin Wessell

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

1217 Cape Coral Blvd #300

Suite, Apt. #, Etc.

City

Cape Coral, FL 339

State

FL

Zip Code

33904

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

K. Wessell

Date

1-10-06

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	Shane Paul	7104 Big Daddy Drive E-8	Panama City Beh 32407
MGR	Jessica Paul	same	same
MGR	Matt Smith	same	same

REINSTATEMENT 05-06

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

J. Paul

Date

1-11-06

Daytime Phone #

(850)338-0259

Typed or printed name of signing Managing Member/Manager

Jessica Paul