

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**LIMITED LIABILITY
COMPANY
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED

09 AUG 25 AM 10:04

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # L04000093413

1. Limited Liability Company's Name

Acme Drywall Spray Company LLC

08/21/09--01029--004 **277.50

300159806073

CR2E041 (10/08)

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

3246 Haddon Avenue NE

3. Mailing Office Address

3246 Haddon Avenue NE

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

Palm Bay, FL

City & State

Palm Bay, FL

Zip

32905-5919

Country

USA

Zip

32905-5919

Country

USA

4. State/Country of Formation

Florida USA

5. Date Organized or Qualified

To Do Business in Florida 12/27/04

6. FEI Number

20-2053243

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

Frank Brunn

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

407 East New Haven Avenue

Suite, Apt. #, Etc.

City

Melbourne

State

FL

Zip Code

32901-4507

☒ 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

[Signature]

Date

8-18-9

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
MGRM	Daniel Bryan	3246 Haddon Avenue NE	Palm Bay, FL 32905-5919

REINSTATEMENT 08-09

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

Daniel Bryan

Date

8/18/09

Daytime Phone #

321 223 4877

Typed or printed name of signing Managing Member/Manager Daniel Bryan