

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**LIMITED LIABILITY  
COMPANY  
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE  
Secretary of State  
DIVISION OF CORPORATIONS

**FILED**

09 APR -7 AM 11:14

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # L05000000687

1. Limited Liability Company's Name

Dwhite Custom Finishings LLC

900148550029  
04/03/09--01004--028 \*\*516.25  
CR2E041 (10/08)

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

1607 Indian Shore Dr.

Suite, Apt. #, etc.

City & State

clermont FL

Zip

34711

Country

USA

3. Mailing Office Address

1607 Indian Shore Dr

Suite, Apt. #, etc.

City & State

clermont FL

Zip

34711

Country

USA

4. State/Country of Formation

N/A

5. Date Organized or Qualified  
To Do Business in Florida

01/03/05

6. FEI Number

20-2117622

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

Corporation Service Company

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

1201 Hays Street

Suite, Apt. #, Etc.

City

Tallahassee

State

FL

Zip Code

32301

☐ 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] Assistant VP  
REGISTERED AGENT MUST SIGN

Date 3/3/09

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	Dwight D. Litson	1607 Indian Shore Dr	clermont FL 34711

REINSTATEMENT 07-09

[Signature]

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

[Signature]

Date 2-26-09

Daytime Phone # 352-536-4748

Typed or printed name of signing Managing Member/Manager

Dwight Litson