

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**LIMITED LIABILITY
COMPANY
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED

2009 OCT 21 AM 10:35

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # L05000011165

1. Limited Liability Company's Name

Personal Touch Painting

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

1032 20th Ave.
Suite, Apt. #, etc.

3. Mailing Office Address

PO Box
9151 PO Box
Suite, Apt. #, etc.

City & State

St. Petersburg, Florida

City & State

BREEDENTON FL.

Zip

Country

33706 U.S.

Zip

Country

34206 U.S.

CR2E041 (10/08)

4. State/Country of Formation

Florida Manatee

5. Date Organized or Qualified
To Do Business in Florida

02-02-05

6. FBI Number

342034614

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

Marcia Musiak

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

1032 20th Ave.

Suite, Apt. #, Etc.

City

St. Petersburg

State

FL

Zip Code

33706

☒ 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

Marcia Musiak

REGISTERED AGENT MUST SIGN

Date 10-12-09

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
MBM	Marcia Musiak	1032 20th Ave	St. Petersburg FL 33706

200161773112
10/15/09--01050--015 *27.55

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

Marcia Musiak

Date 10-12-09

Daytime Phone # 727-564-6920

Typed or printed name of signing Managing Member/Manager