

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM

FILED

**LIMITED LIABILITY  
COMPANY  
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE  
Secretary of State  
DIVISION OF CORPORATIONS

2011 FEB 10 AM 11:23

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # L05000013391

1. Limited Liability Company's Name

Art's Remodeling + Trim Work LLC

CR2E041 (1/11)

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

415 Ching Berry Lane

Suite, Apt. #, etc.

3. Mailing Office Address

Same

Suite, Apt. #, etc.

City & State

Havana Fla.

City & State

Zip

32333

Country

Gadsden

Zip

Country

4. State/Country of Formation

5. Date Organized or Qualified  
To Do Business in Florida

6. FEI Number

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

Arthur O'Donnell

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

415 Ching Berry Lane

Suite, Apt. #, Etc.

City

Havana

State

FL

Zip Code

32333

E-mail Address:

000193835610  
02/10/11--01003--014 \*\*516.25

(To be used for future annual report notices)

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

Arthur O'Donnell

Date 2-10-11

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	Arthur O'Donnell	415 Ching Berry Lane	Havana Fla 32333

REINSTATEMENT  
2009-2011

J. SAULSBERRY  
EXAMINER  
FEB 10 2011

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. I am aware that false information submitted in a document to the Department of State constitutes a third degree felony as provided for in s 817.155, F.S.

Signature of Managing  
Member/Manager

Arthur O'Donnell

Date 2-10-11

Daytime Phone # 850 591-5368

Typed or printed name of signing Managing Member/Manager

Wall D.