

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**LIMITED LIABILITY
COMPANY
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED

2010 FEB -4 PM 3:48

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **L05000016491**

1. Limited Liability Company's Name

Absolute Tub + Tile Restoration, LLC

300166850803
01/21/10--01041--011 **277.50
CR2E041 (11/09)

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

9408 Alanbrooke St.

Suite, Apt. #, etc.

3. Mailing Office Address

9408 Alanbrooke St.

Suite, Apt. #, etc.

City & State

Temple Terrace, FL

Zip

33637

Country

USA

City & State

Temple Terrace, FL

Zip

33637

Country

USA

4. State/Country of Formation

Florida / USA

5. Date Organized or Qualified
To Do Business in Florida

2/14/2005

6. FEI Number

20-2607627

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

Darryl S. Hunter

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

9408 Alanbrooke St.

Suite, Apt. #, Etc.

City

Tampa

State

FL

Zip Code

33637

☒ 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.

300166850803

02/05/10--01002--006 **138.75

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

Darryl S. Hunter

REGISTERED AGENT MUST SIGN

Date **1/16/10**

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
MJR Owner	Darryl S. Hunter	9408 Alanbrooke St.	Temple Terrace, FL 33637
REINSTATEMENT -08-10			

11. E-mail Address: **~~KNEED~~ DHUNTER@ABSOLUTETUB.COM**

(To be used for future annual report notifications)

12. 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

Darryl S. Hunter

Date **1/16/10**

Daytime Phone # **813) 293-9007**

Typed or printed name of signing Managing Member/Manager **Darryl Hunter**