

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**LIMITED LIABILITY
COMPANY
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

08 APR -1 AM 11:21

DOCUMENT # L05000023982

1. Limited Liability Company's Name

Treasurecoast Graphics LLC

~~008-12115~~

800119396368
04/07/08--01035--003 **266.25

CR2E041 (1/07)

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

1861 SE Greendon Ave

Suite, Apt. #, etc.

3. Mailing Office Address

Suite, Apt. #, etc.

City & State

Port St. Lucie, FL

City & State

Zip

34952

Country

USA

Zip

Country

4. State/Country of Formation

Florida

**5. Date Organized or Qualified
To Do Business in Florida**

03/09/2005

6. FEI Number--

20-2532136

☐ 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

Stuart E. Duvall

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

1861 SE Greendon Ave.

Suite, Apt. #, Etc.

City

Port St. Lucie

State

FL

Zip Code

34952

☒ 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**

Stuart Duvall

Date

2/25/08

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	Stuart Duvall	1861 SE Greendon Ave.	Port St. Lucie, FL
MGRM	Laura C. Duvall	1861 SE Greendon Ave.	Port St. Lucie, FL

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REINSTATEMENT

W/O 06-08 [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**

Stuart Duvall

Date

2/25/08

Daytime Phone #

772-335-8266

Typed or printed name of signing Managing Member/Manager