

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**LIMITED LIABILITY  
COMPANY  
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE  
Secretary of State  
DIVISION OF CORPORATIONS

SECRETARY OF STATE  
DIVISION OF CORPORATIONS

08 JUN 28 PM 12:53

DOCUMENT # L05000051296

1. Limited Liability Company's Name

Made in The Shade Custom Blinds & Shutters  
L.L.C.

W08-291537

300131358563  
06/16/08--01041--013 \*\*243.75  
300131358563  
07/03/08--01007--022 \*\*177.50  
CR2E041 (12/07)

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

5034 S. San Mateo Dr

Suite, Apt. #, etc.

3. Mailing Office Address

Suite, Apt. #, etc.

City & State

North Port, FL

City & State

Zip

34288

Country

Zip

Country

4. State/Country of Formation

FL

5. Date Organized or Qualified  
To Do Business in Florida

May 2005

6. FEI Number

20-2949523

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

Robert F. Whalen

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

5034 S. San Mateo Drive

Suite, Apt. #, Etc.

City

North Port

State

FL

Zip Code

34288

☒ 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

REGISTERED AGENT MUST SIGN

Date JUNE 4TH, 2008

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
MGR	ROBERT F. WHALEN	5034 S. SAN MATEO DR	NORTH PORT, FL 34288

REINSTATEMENT  
W/O/P 06-08

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

Date

6.4.08

Daytime Phone #

(941) 468-0020

Typed or printed name of signing Managing Member/Manager

ROBERT F. WHALEN

\$416.25