

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

07 DEC 28 PM 2:23

SECRETARY OF STATE
TALLAHASSEE FLORIDA

CR2E041 (1/07)

LIMITED LIABILITY
COMPANY
REINSTATEMENTFLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # L05000054196

1. Limited Liability Company's Name

VERSATILE CUSTOM PAINTING LLC

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

501 NORRIEGO

3. Mailing Office Address

PO BOX 243

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

DESTIN, FL

City & State

DESTIN, FL

Zip

32541

Country

Zip

32541

Country

4. State/Country of Formation

FLORIDA

5. Date Organized or Qualified
To Do Business in Florida

06/01/2005

6. FEI Number

Applied For

☒ Not Applicable7. CERTIFICATE OF STATUS DESIRED ☐\$5.00 Additional Fee required
for a Certificate of Status

8. Name and Address of Current Registered Agent

Name

ALL FLORIDA FIRM INC.

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

813 DELTONA BLVD

Suite, Apt. #, Etc.

STE A

City

DELTONA

State

FL

Zip Code

32725

☒ 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 806, F.S.

Signature of
Registered Agent

REGISTERED AGENT MUST SIGN

Date 11/03/2007

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	ORT, HARRY	501 NORRIEGO	DESTIN FL 32541 US

12/20/07--01028--005 **100.00

REINSTATEMENT

06.07

11. I certify that I am managing member/manager or the receiver or trustee empowered to execute this application as provided for in chapter 806, 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 806.406, 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 it made upon oath.Signature of
Managing Member/Manager

Date

11.6.07

Daytime Phone #

8504286242

Typed or printed name of signing Managing Member/Manager