

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**LIMITED LIABILITY
COMPANY
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT #

1. Limited Liability Company's Name

Grassy Printing and Decorating
LLC
LO5000081191

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

894 69th ST

Suite, Apt. #, etc.

3. Mailing Office Address

P.O. Box 500719

Suite, Apt. #, etc.

City & State

Marathon FL

City & State

Marathon, FL

Zip

33050

Country

U.S.A.

Zip

33050

Country

USA

4. State/Country of Formation

Florida / Monroe City

5. Date Organized or Qualified
To Do Business in Florida

8/17/05

6. FEI Number

80-
3319136

☒ 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

Thomas R. Ursino

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

894 69th Street

Suite, Apt. #, etc.

Marathon, FL 33050

City

Marathon

State

FL

Zip Code

33050

☐ 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 12/21/09

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 |
|--------|--------------------------------------|---|--------------------|
| MBRM | Thomas R. Ursino | 894 69th ST. | Marathon, FL 33050 |
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REINSTATEMENT 08, 09

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

12/20/09

Daytime Phone #

215-514-5163

Typed or printed name of signing Managing Member/Manager

Thomas R. Ursino