

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM

**LIMITED LIABILITY
COMPANY
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

2019 NOV -4 PM 3:36

DOCUMENT # L05000089923

1. Limited Liability Company's Name

Artistic Lighting, LLC

500380607815
11/04/19--01027--025 **1373.75

CR2E041 (1/14)

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

8884 SW Fishermans Wharf Drive

Suite Apt. #, etc.

City & State

Stuart, FL

Zip

34997

Country

US

3. Mailing Office Address

8884 SW Fishermans Wharf Drive

Suite Apt. #, etc.

City & State

Stuart, FL

Zip

34997

Country

US

4. State/Country of Formation

FL/US

5. Date Organized or Qualified
To Do Business in Florida

9/13/2005

6. FEI Number

20-3469927

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

Gary B. Skewes

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

8884 SW Fishermans Wharf Drive

Apt. #, Etc

City

Stuart

State

FL

Zip Code

34997

9. I, being appointed the registered agent of the above named limited liability company, am familiar with and accept the obligations of Chapter 605, F.S.

Signature of
Registered Agent

REGISTERED AGENT MUST SIGN

Date 11-1-19

10. Names and Street Addresses of Authorized Representatives/Managers

Titles	Name of Authorized Representatives/ Managers	Street Address of Each Authorized Representative/ Manager	City / State / Zip
MGR	Gary B. Skewes	8884 SW Fishermans Wharf Drive	Stuart, FL 34997

REINSTATEMENT

2011-2019

11. E-mail Address subtlelgt@att.net

(To be used for future annual report notifications)

12. I certify that I am an authorized representative/ manager or the receiver or trustee empowered to execute this application as provided for in Chapter 605, 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 requirement of section 605.0012, 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. I am aware that false information submitted in a document to the Department of State constitutes a third degree felony as provided for in s. 817.155, F.S.

Signature of authorized representative/member

Date 11-1-19

Daytime Phone #

772-678-6044

Typed or printed name of signing authorized representative/member

Gary B. Skewes