

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

1073

**LIMITED LIABILITY
COMPANY
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # L05000112687

1. Limited Liability Company's Name

ARTSAFE, LLC

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

1100 Fifth Avenue, S

Suite, Apt. #, etc.

201

City & State

Naples, Florida

Zip

34102

Country

3. Mailing Office Address

1100 Fifth Avenue, S

Suite, Apt. #, etc.

201

City & State

Naples, Florida

Zip

34102

Country

USA

4. State/Country of Formation

Florida

5. Date Organized or Qualified
To Do Business in Florida

11/17/2005

6. FEI Number

341852320

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 D. Clark

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

1100 Fifth Avenue, S

Suite, Apt. #, Etc.

201

City

Naples

State

FL

Zip Code

34102

☒ 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

Thomas D. Clark

REGISTERED AGENT MUST SIGN

Date 1/18/2010

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	Clark, Thomas D.	1100 Fifth Avenue, S Suite 201	Naples, Florida 34102
MGR	Clark, Barbara M.	1100 Fifth Avenue, S Suite 201	Naples, Florida 34102
			JB

REINSTATEMENT 2007-10

11. E-mail Address: nholeyl943@yahoo.com

(To be used for future annual report notifications)

12. 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

Thomas D. Clark

Date 1/18/10

Daytime Phone # (419) 247-1600

Typed or printed name of signing Managing Member/Manager

Thomas D. Clark

2 of 3

LAW OFFICES OF
JOSEPH H. PILKINGTON & CO., P.C.

ONE SEAGATE, SUITE 620
TOLEDO, OHIO 43604

Telephone (419) 247-1600
Facsimile (419) 247-1602

January 18, 2009

FILED
10 JAN 26 PM 3:36
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Division of Corporations
Registration Section
Limited Liability Company Reinstatement
PO Box 6327
Tallahassee, FL 32314

Re: ARTSAFE, LLC

Gentlemen:

Enclosed for filing is an application for reinstatement.

We submitted a form by U.S. Mail on January 6, 2010, but it was never registered.

Very truly yours,

Joseph H. Pilkington



JHP:nh
Enclosure

Federal Express

3 of 3

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JOSEPH H. PILKINGTON & CO., P.C.

ONE SEAGATE, SUITE 620
TOLEDO, OHIO 43604

Telephone (419) 247-1600
Facsimile (419) 247-1602

January 26, 2009

FILED
10 JAN 26 PM 3:36
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Division of Corporations
Registration Section-Attn Joey Bryan
Limited Liability Company Reinstatement
PO Box 6327
Tallahassee, FL 32314

Re: ARTSAFE, LLC

Gentlemen:

Enclosed is a check for \$555.00 for reinstatement of Artsafe, LLC.

We submitted a reinstatement form by U.S. Mail on January 6, 2010, a copy of which is enclosed.

We appreciate your service.

Very truly yours,

Joseph H. Pilkington

JHP:nh
Enclosure

FedEx