

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**LIMITED LIABILITY COMPANY REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE  
Secretary of State  
DIVISION OF CORPORATIONS

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 DIVISION OF CORPORATIONS  
 10 MAY 18 PM 12:24

DOCUMENT # L06000027268

1. Limited Liability Company's Name  
Michelle Abercrombie Painting LLC

CR2E041 (12/07)

2. Principal Office Address - No P.O. Box # <u>3211 17th AVE W.</u>		3. Mailing Office Address <u>3211 17th AVE W</u>	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State <u>Bradenton, FL</u>		City & State <u>Bradenton FL</u>	
Zip <u>34205</u>	Country	Zip <u>34205</u>	Country

4. State/Country of Formation <u>Florida United States</u>	
5. Date Organized or Qualified To Do Business in Florida <u>3/15/2006</u>	
6. FEI Number <u>113774304</u>	Applied For <input type="checkbox"/> Not Applicable
7. CERTIFICATE OF STATUS DESIRED <input checked="" type="checkbox"/> \$5.00 Additional Fee required for a Certificate of Status	

8. Name and Address of Current Registered Agent

Name Michelle Abercrombie

Street Address (P.O. Box Number is Not Acceptable)  
3211 17th AVE W.

Suite, Apt. #, Etc.

City Bradenton State FL Zip Code 34205

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 [Signature] Date 4/12/10

REGISTERED AGENT MUST SIGN

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
<u>Mgr</u>	<u>Michelle Abercrombie</u>	<u>3211 17th AVE W.</u>	<u>Bradenton FL 34205</u>

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**REINSTATEMENT 2008-2010**

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 [Signature] Date 4/12/10 Daytime Phone # 941/962/7466

Typed or printed name of signing Managing Member/Manager Michelle Abercrombie