

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM

APPROVED
AND
FILED

14 MAR 21 AM 10:52

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

**LIMITED LIABILITY
COMPANY
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # L06000037099

1. Limited Liability Company's Name

Flawless Painting & Cleaning, LLC

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

905 Barrie Ave

Suite, Apt. #, etc.

City & State

Tallahassee, FL

Zip

32303

Country

Leon

3. Mailing Office Address

905 Barrie Ave

Suite, Apt. #, etc.

City & State

Tallahassee, FL

Zip

32303

Country

Leon

CR2E041 (1/14)

4. State/Country of Formation

5. Date Organized or Qualified
To Do Business in Florida

6. FEI Number

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:

Tony J. Wilkerson

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

905 Barrie Ave

Apt. #, Etc.

City

Tallahassee, FL

State

FL

Zip Code

32303

200258104492
03/21/14--01010--003 **\$55.00

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

Tony J. Wilkerson
REGISTERED AGENT MUST SIGN

Date 3-21-14

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
AMBR	<u>Tony J. Wilkerson</u>	<u>905 Barrie Ave</u>	<u>Tallahassee, FL 32303</u>
AMBR	<u>Curtis Cooper</u>	<u>445 Apple Yard DR</u>	<u>Tallahassee, FL 32304</u>

11. E-mail Address: TNY WLKRSN @ Yahoo . COM

(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

Tony J. Wilkerson

Date 3-21-14

Daytime Phone #

(850) 212-5460

Typed or printed name of signing authorized representative/member