


PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM

APPROVED
FILED

16 JAN 27 AM 11:36

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 Barric Ave		3. Mailing Office Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State Tallahassee		City & State FL	
Zip 32303	Country	Zip	Country

CR2E041 (1/14)

4. State/Country of Formation	
5. Date Organized or Qualified To Do Business in Florida	
6. FEI Number	Applied For <input type="checkbox"/> Not Applicable <input type="checkbox"/>
7. CERTIFICATE OF STATUS DESIRED <input type="checkbox"/> \$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 Barric Ave			
Apt. #, Etc.			
City Tallahassee	State FL	Zip Code 32303	

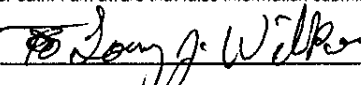
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9. I, being appointed the registered agent of the above named limited liability company, am familiar with and accept the obligations of Chapter 605, F.S.	
Signature of Registered Agent 	Date 1-27-16
REGISTERED AGENT MUST SIGN	

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	Tony J. Wilkerson	905 Barric Ave	Tallahassee FL 32303
AMBR	Ricardo Smith	1851 Bennett	Tallahassee FL 32304
AMBR	Tony T. Wilkerson	905 Barric Ave	Tallahassee FL 32303

11. E-mail Address: TWYWLKRSW@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 	Date 1-27/16
Typed or printed name of signing authorized representative/member	