

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 # LO6000037099

1. Limited Liability Company's Name
Flawless Painting & Cleaning LLC

2. Principal Office Address - No P.O. Box # <u>905 Barric Ave</u>		3. Mailing Office Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State <u>Tallahassee</u>		City & State <u>FL</u>	
Zip <u>32303</u>	Country	Zip	Country

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

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

400281464684
01/27/16--01007--017 **\$77.50

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 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: TNYWLKRSW@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 1-27/16 Daytime Phone # _____

Typed or printed name of signing authorized representative/member _____