PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

LIMITED LIABILITY COMPANY REINSTATEMENT

FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED
2018 FEB 26 AM 11:02
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # L06000037099

Limited Liability Company's Name
Flawless Painting & cleaning, LLC

CR2E041 (12/13)

Principal Office Address - No P.O. Box #	3. Mailing Office Address	4. State/Country of Formation
635 Stiles Ave	635 stiles Ave	
e, Apt. #, etc.	Suite, Apt. #, etc	5. Date Organized or Qualified To Do Business in Florida
& State	City & State	6. FEI Number ☐ Applied For ☐ Not Applicable
Tallahassee FL	Tallahassee FL	
32303 Country USA	Zip 32303 Country USA	7. CERTIFICATE OF STATUS DESIRED ☐ $5.00 Additional Fee required for a Certificate of Status

Name and Address of Current Registered Agent

ime Tony J. Wilkerson

reet Address (P.O. Box Number is Not Acceptable)
635 Stiles Ave

ite, Apt. #, Etc.

y Tallahassee State FL Zip Code 32303

Email Address:

000503123270
02/26/18--01015--002 **377.50

(To be used for future annual report notices)

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.

gnature of
egistered Agent Tony J. Wilkerson Date

REGISTERED AGENT MUST SIGN

Names and Addresses of Each Person Authorized to manage the Limited Liability Company

tles R/MGR	Name of Authorized Person	Street Address of Each Authorized Person	City / State / Zip
GR	Tony J. Wilkerson	635 stiles Ave	Tallahassee FL 32303
MBR	Ricardo Smith	1051 Bennett	Tallahassee FL 32303
	REINSTATEMENT		
	RLK		

I certify that I am an authorized person 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 requirements of Chapter 605, 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.

gnature of
horized Person Tony J. Wilkerson Date 2/24/18 Daytime Phone # 850 212 5460

Typed or printed name of signing Authorized Person