

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**LIMITED LIABILITY
COMPANY
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

08 JUN 18 PM 1:04

DOCUMENT # L06000044706

1. Limited Liability Company's Name

Joey Ford Painting LLC

300130723163
06/04/08--01008--017 **143.75
CR2E041 (12/07)

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

6256 Olivedale dr

Suite, Apt. #, etc.

3. Mailing Office Address

6256 Olivedale dr

Suite, Apt. #, etc.

City & State

Riverview

City & State

Riverview

Zip

33578

Country

usa

Zip

33578

Country

usa

4. State/Country of Formation

Florida, USA

5. Date Organized or Qualified

To Do Business in Florida 2008

6. FEI Number

39-2075756

☒ 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

Joey Ford

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

6256 Olivedale dr

Suite, Apt. #, Etc.

City

Riverview

State

FL

Zip Code

33578

☒ 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

Joey Ford
REGISTERED AGENT MUST SIGN

Date 5/30/2008

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>mgrm</u> <u>owner</u> <u>Director</u>	<u>Joey Ford</u>	<u>6256 Olivedale dr</u>	<u>Riverview, FL 33578</u>

REINSTATEMENT
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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 608.408, 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

Joey Ford

Date 5/30/2008

Daytime Phone # 813 857 4370

Typed or printed name of signing Managing Member/Manager

Joey Ford