

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  
TALLAHASSEE, FLORIDA

09 JUN 29 AM 3:40

DOCUMENT # CL06000053084 1

1. Limited Liability Company's Name

stacey's professional painting and pressure washing, LLC

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05/28/09--01020--005 \*\*143.75

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REINSTATEMENT 07-09

2. Principal Office Address - No P.O. Box # 4613 trout ave		3. Mailing Office Address same	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State sebring		City & State florida	
Zip 33870	Country highlandsa	Zip	Country

4. State/Country of Formation florida/highlands county	
5. Date Organized or Qualified To Do Business in Florida <u>05/23/2006</u>	
6. FEI Number 03-0593045	Applied For <input checked="" type="checkbox"/> Not Applicable
7. CERTIFICATE OF STATUS DESIRED <input checked="" type="checkbox"/> \$5.00 Additional Fee required for a Certificate of Status	

8. Name and Address of Current Registered Agent			
Name stacey dutcher			
Street Address (P.O. Box Number is Not Acceptable) 4613 trout ave			
Suite, Apt. #, Etc.			
City sebring	State FL	Zip Code 33870	

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 Stacey R Dutcher  
REGISTERED AGENT MUST SIGN

Date 05-22-2009

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>MSRM</u> <u>owner</u>	stacey dutcher	4613 trout ave	sebring, florida 33870
<u>MSRM</u> <u>owner</u>	john dutcher	4613 trout ave	sebring, florida 33870
<u>MSRM</u> <u>owner</u>	kelly meredith	415 W. main street	avon park, florida 33825

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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 608.406, 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 Stacey R Dutcher

Date 05-22-09 Daytime Phone # (863)293-1142

Typed or printed name of signing Managing Member/Manager Stacey R Dutcher