

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. Limited Liability Company's Name

stacey's professional painting and pressure washing,
LLC

000156512920
05/28/09--01020--005 **143.75

REINSTATEMENT

07-09

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

4613 trout ave

Suite, Apt. #, etc.

City & State

sebring

Zip

33870

Country

highlandsa

3. Mailing Office Address

same

Suite, Apt. #, etc.

City & State

florida

Zip

Country

4. State/Country of Formation
florida/highlands county

5. Date Organized or Qualified
To Do Business in Florida

05/23/2006

6. FEI Number
03-0593045

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

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07/08/09--01040--018 **272.50

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