

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

LIMITED LIABILITY
COMPANY
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED

10 MAR 30 PM 12:22

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

300173642633
03/30/10--01019--009 **277.50

CR2E041 (11/09)

DOCUMENT # L06000053556

1. Limited Liability Company's Name

YOUSSEF CHRAIBI painting LLC

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

1000 Oaklands plantation

Suite, Apt. #, etc

3. Mailing Office Address

Suite, Apt. #, etc

SAME

City & State

Monticello FL

City & State

Zip

32344

Country

Jefferson

Zip

Country

4. State/Country of Formation

FL

US

5. Date Organized or Qualified
To Do Business in Florida

5-24-06

6. FEI Number

22-3969522

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

YOUSSEF CHRAIBI

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

1000 Oaklands plantation

Suite, Apt. #, Etc

City

Monticello

State

FL

Zip Code

32344

☒ 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

Youssef Chraibi

Date 03-30-10

REGISTERED AGENT MUST SIGN

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
MEM	YOUSSEF CHRAIBI	1000 Oaklands plantation	Monticello FL 32344

REINSTATEMENT 09.10

11. E-mail Address: chraibou@hotmail.com

(To be used for future annual report notifications)

12. 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

Youssef Chraibi

Date 03/30/10

Daytime Phone # 850 570 6800

Typed or printed name of signing Managing Member/Manager

N. O'Connell

MAR 30 2010