

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

FILED

2008 OCT -7 AM 10:10

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

300136690873
10/07/08--01012--017 **277.50

CR2E041 (10/08)

LIMITED LIABILITY
COMPANY
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # L06000074913

1. Limited Liability Company's Name

One stop tile painting & Maintenance

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

1410 Long St

Suite, Apt. #, etc.

~~1410 Long St~~ N/A

City & State

Lakeland, FL

Zip

33801

Country

Polk

3. Mailing Office Address

Same

Suite, Apt. #, etc.

N/A

City & State

Lakeland, FL

Zip

33801

Country

Polk

4. State/Country of Formation

5. Date Organized or Qualified
To Do Business in Florida

6. FEI Number

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

Samuel Leon

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

1410 Long St

Suite, Apt. #, Etc.

N/A

City

Lakeland

State

FL

Zip Code

33801

☐ 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

REGISTERED AGENT MUST SIGN

Date 10-2-08

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
MGR	Martha G Leon	1410 Long St	Lakeland, FL 33801

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

Date 10-2-08

Daytime Phone # 863 934-9956

Typed or printed name of signing Managing Member/Manager

Samuel Leon