PLEASE REAL	DALL INSTRUCTIONS BEFORE	COMPLETING THIS FORM.
LIMITED LIABILITY COMPANY REINSTATEMENT	FLORIDA DEPARTMENT OF STATE Secretary of State DIVISION OF CORPORATIONS	14 JUN -6 AM II: 35
DOCUMENT# $/ O(OOO)O349/$		
Limited Liability Company's Name		MELAHAGUEL PLE
Deeptone Painting J. J. C		MALANAGUM, PER, 19
		CR2E041 (1/14)
2. Principal Office Address - No P.O. Box # 3. Mailing Office Address		
Suite, Apt. #, etc.	Suite, Apt. #, etc.	4. State/Country of Formation
Unit 116		5. Date Organized or Qualified
City & State	City & State	To Do Business in Florida 10 104/2006
H Sanderdale Fl	City & State  4.1 Jandi Welle Fr  Zip Country	6. FEI Number Applied For Not Applicable
38315 Broward	3331x Broward	7. CERTIFICATE OF STATUS DESIRED   \$5.00 Additional Fee required. for a Certificate of Status
8. Name and Address of Current Registered Agent		<u> </u>
Name ()		
Street Address (P.O. Box Number is Not Acceptable)		
1101 Pring Roach In		_
Suite, Apt. #, Etc.		200260635192 05/27/1401054004 **377.50
City State Zip Code		95/27/1401054004 **377.50
It Sander Viele	FL 33317	
9. I, being appointed the registered agent of the above named limited liability company, am familiar with and accept the obligations of Chapter 605, F.S.		
Signature of Registered Agent Circ. 50 REGISTERED AGENT MUST SIGN		
10. Names and Street Addresses of Authorized Ro	epresentatives/Managers	
Titles Name of Authorized Representative Managers	Street Address of Each s/ Authorized Representati Manager	
111-11-11-11-11-11-11-11-11-11-11-11-11		ch Dr A Lauderdale, \$13335
unit 116		
	<u> </u>	
	REII	NSTATEMENT
		2013-2014
11. E-mail Address: GAPTCAARATE LCCB (2) So notice, Committee in the control of t		
(To be used for future annual report notifications)  12. I certify that I am an authorized representative/manager or the receiver or trustee empowered to execute this application as provided for in Chapter 608, F.S. I further certify that		
when filling this reinstatement application the reason for dissolution has been eliminated, the limited liability company name satisfies the requirements of section 605.0012. 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. I am aware that false information submitted to the Department of State constitutes a third degree felony as provided in s. 817.155. F.S.		
Signature of Authorized Representative/Manager Charles (2005) Date 5/2/1/4 Daytime Phone # 94476 \$176		
Typed or printed name of signing Authorized Representative/Manager		
		111004/1