

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

LIMITED LIABILITY
COMPANY
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED

09 DEC 28 PM 12:23

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # L07000023342

1. Limited Liability Company's Name

Personal Touch Painting walling
and Flooring LLC

000163978950
12/28/09--01002--013 **138.00
CR2E041 (11/09)

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

8976 Eagles Ridge Dr

3. Mailing Office Address

" "

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

Tallahassee FL

City & State

Zip

32312

Country

Leon

Zip

Country

4. State/Country of Formation

Florida Leon

5. Date Organized or Qualified
To Do Business in Florida

12/28/09

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

Zachary Beidel

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

8976 Eagles Ridge Dr

Suite, Apt. #, Etc.

City

Tallahassee

State

FL

Zip Code

32312

☒ 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

Zach Beidel

REGISTERED AGENT MUST SIGN

Date

12/28/09

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>←</u>	<u>Zachary Beidel Managing Member</u>	<u>8976 Eagles Ridge Dr</u>	<u>Tallahassee FL 32312</u>

REINSTATEMENT

11. E-mail Address:

Beidelz@yahoo.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

Zach Beidel

Date

12/28/09

Daytime Phone #

850 241-4616

Typed or printed name of signing Managing Member/Manager