

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**LIMITED LIABILITY
COMPANY
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED

2010 DEC 20 PM 4:19

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

800185899548
09/27/10--01061--005 **138.75

CR2E041 (05/10)

DOCUMENT # L07000027236

1. Limited Liability Company's Name

JUST SCRAPPIN' LLC

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

2675-B TAMiami

Suite, Apt. #, etc.

3. Mailing Office Address

1215 COLUMBIAN DR.

Suite, Apt. #, etc.

City & State

PT. CHARLOTTE, FL.

Zip

33952

Country

USA

City & State

PUNTA GORDA, FL.

Zip

33950

Country

USA

4. State/Country of Formation

FLORIDA, USA

5. Date Organized or Qualified
To Do Business in Florida

3-12-07

6. FEI Number

NONE

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

DIANNE M. VELDE

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

1215 COLUMBIAN DR.

Suite, Apt. #, Etc.

City

PUNTA GORDA,

State

FL

Zip Code

33950

800185899548
12/22/10--01001--008 **100.00

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

Date

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
<u>MGR.</u>	<u>DIANNE M. VELDE</u>	<u>1215 COLUMBIAN DR.</u>	<u>PUNTA GORDA, FL. 33950</u>

REINSTATEMENT

10-29

11. E-mail Address:

(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

Date

Daytime Phone # 964-6400

Typed or printed name of signing Managing Member/Manager

DIANNE M. VELDE