

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

LIMITED LIABILITY  
COMPANY  
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE  
Secretary of State  
DIVISION OF CORPORATIONS

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATION

09 DEC 28 PM 2:46

DOCUMENT # L07000046324

1. Limited Liability Company's Name

Joshua Tree Designs, LLC

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

9124 Summit Centre Way

Suite, Apt. #, etc.

Apt 206

City & State

Orlando, FL

Zip

32810

Country

U.S.A.

3. Mailing Office Address

9124 Summit Centre Way

Suite, Apt. #, etc.

Apt 206

City & State

Orlando, FL

Zip

32810

Country

U.S.A.

4. State/Country of Formation

Florida

5. Date Organized or Qualified  
To Do Business in Florida

05-02-07

6. FEI Number

27-0487427

Applied For

Not Applicable

7. CERTIFICATE OF STATUS DESIRED ☒

\$5.00 Additional Fee required  
for a Certificate of Status

☒ 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.

8. Name and Address of Current Registered Agent

Name

Joshua Stachowski

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

9124 Summit Centre Way

Suite, Apt. #, Etc.

Apt. 206

City

Orlando

State

FL

Zip Code

32810

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

*Joshua Stachowski*  
REGISTERED AGENT MUST SIGN

Date 11-28-09

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
MGR	Joshua Stachowski	9124 Summit Centre Way, Apt. 206	Orlando, FL 32810

REINSTATEMENT 2008-09 JSM

11. E-mail Address: JOSHUA.TREE@587@ME.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

*Joshua Stachowski*

Date

11-28-09

Daytime Phone #

716-435-4389

Typed or printed name of signing Managing Member/Manager

Joshua Stachowski