

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**LIMITED LIABILITY
COMPANY
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED

13 NOV 25 PM 6:23

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # L07000047816

1. Limited Liability Company's Name

FROST CUSTOM EXPRESSIONS, LLC

REINSTATEMENT

CR2E041 (1/11)

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

4739 GRATLYN TERRACE

Suite, Apt. #, etc.

3. Mailing Office Address

4739 GRATLYN TERRACE

Suite, Apt. #, etc.

4. State/Country of Formation

FLORIDA

5. Date Organized or Qualified
To Do Business in Florida

05-04-2007

6. FEI Number

20-8989594

Applied For

Not Applicable

7. CERTIFICATE OF STATUS DESIRED ☐

\$5.00 Additional Fee required
for a Certificate of Status

City & State

NORTH PORT, FL

Zip

34288

Country

USA

City & State

NORTH PORT, FL

Zip

34288

Country

USA

8. Name and Address of Current Registered Agent

Name

MICHAEL B FROST

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

4739 GRATLYN TERRACE

Suite, Apt. #, Etc.

City

NORTH PORT

State

FL

Zip Code

34288

E-mail Address:

700254198577
11/25/13--01046--007 **377.50

mpiazza@sol-cpas.com

(To be used for future annual report notices)

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

4/12/13

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
MGRM	MICHAEL B FROST	4739 GRATLYN TERRACE	NORTH PORT, FL 34288

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. I am aware that false information submitted in a document to the Department of State constitutes a third degree felony as provided for in s 817.155, F.S.

Signature of Managing
Member/Manager

Date

4/12/13

Daytime Phone #

941/815-2145

Typed or printed name of signing Managing Member/Manager

NOV 25 2013

C. CARROTHERS