

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 OCT 21 PM 1:21

DOCUMENT # L07000059749

1. Limited Liability Company's Name

Clear Cut Painting LLC

200161949852
10/20/09--01032--007 **377.50

CR2E041 (10/08)

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

1724 Rainbow Ave

Suite, Apt. #, etc.

3. Mailing Office Address

1724 Rainbow Ave

Suite, Apt. #, etc.

City & State

Sebring FL.

City & State

Sebring FL.

Zip

33870

Country

U.S.A

Zip

33870

Country

U.S.A

4. State/Country of Formation

U.S.A

5. Date Organized or Qualified
To Do Business in Florida

June 6, 2007

6. FEI Number

260328704

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

Gregory James Cappello

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

1724 Rainbow Ave.

Suite, Apt. #, Etc.

City

Sebring

State

FL

Zip Code

33870

☐ 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

Gregory Cappello

Date 10-19-09

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
MGR	Gregory J. Cappello	1724 Rainbow Ave	Sebring FL 33870

REINSTATEMENT

2008-01-15

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.

Signature of
Managing Member/Manager

Gregory Cappello

Date 10-19-09

Daytime Phone # 863-202-6028

Typed or printed name of signing Managing Member/Manager

Gregory James Cappello