

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**LIMITED LIABILITY
COMPANY
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED

2010 JUN 14 PM 3:54

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # L07000063989

1. Limited Liability Company's Name

Buttons and Bows, A Quilting Boutique ^{LLC}

100182066711
06/14/10--01068--002 **521.25
CR2E041 (05/10)

2. Principal Office Address - No P.O. Box # 14925 Main Street		3. Mailing Office Address 14925 Main Street	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State Alachua, FL		City & State Alachua, FL	
Zip 32615	Country USA	Zip 326415	Country USA

4. State/Country of Formation Florida/Alachua	
5. Date Organized or Qualified To Do Business in Florida 06-14-2007	
6. FEI Number 26-0389103	<input checked="" type="checkbox"/> Applied For <input type="checkbox"/> Not Applicable
7. CERTIFICATE OF STATUS DESIRED <input checked="" type="checkbox"/> \$5.00 Additional Fee required for a Certificate of Status.	

8. Name and Address of Current Registered Agent			
Name Darlene Sherrill			
Street Address (P.O. Box Number is Not Acceptable) 25528 NW174th Place			
Suite, Apt. #, Etc.			
City High Springs		State FL	Zip Code 32643

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 *Darlene Sherrill*
REGISTERED AGENT MUST SIGN

Date **06-04-2010**

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	Darlene Sherrill	25528 NW174th Place	High Springs, FL 32643

REINSTATEMENT - 08-10

11. E-mail Address buttonsandbows@windstream.net

(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: *Darlene Sherrill*

Date **06-04-2010**

Daytime Phone # **386-418-0194**

Typed or printed name of signing Managing Member/Manager **Darlene Sherrill**

C.S.