

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 CORPORATIONS

10 MAY -3 AM 10:30

DOCUMENT # L27000070546

1. Limited Liability Company's Name

Style Paint Detailer, LLC

500177707725
04/26/10--01059--008 **416.25

CR2E041 (11/09)

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

9950 US Hwy 98W

Suite, Apt. #, etc.

H-17

City & State

MIRAMAR BEACH FL

Zip

32550

Country

U.S.

3. Mailing Office Address

9950 US Hwy 98W

Suite, Apt. #, etc.

H-17

City & State

MIRAMAR BEACH FL

Zip

32550

Country

U.S.

4. State/Country of Formation

FL U.S.

5. Date Organized or Qualified
To Do Business in Florida

07/06/2007

6. FEI Number

26-0522088

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

VICENTE H. ENRIQUEZ

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

9950 US Hwy 98W

Suite, Apt. #, Etc.

H-17

City

MIRAMAR BEACH

State

FL

Zip Code

32550

☒ 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 808, F.S.

Signature of
Registered Agent

[Signature]

REGISTERED AGENT MUST SIGN

Date 04/23/2010

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
<u>MGR</u>	<u>VICENTE H. ENRIQUEZ</u>	<u>9950 US Hwy 98 W</u>	<u>MIRAMAR BEACH FL</u> <u>32550</u>

REINSTATEMENT 2008-10 SEM

E-mail Address, STYLE-PAINT@HOTMAIL.COM

(To be used for future annual report notifications)

I certify that I am managing member/manager or the receiver or trustee empowered to execute this application as provided for in Chapter 808, 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 808.408, 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.

nature of
naging Member/Manager

Date 04/22/2010 Daytime Phone # (850) 543 6921

ed or printed name of signing Managing Member/Manager

Vicente H. Enriquez