

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

LIMITED LIABILITY
COMPANY
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED

11 APR 13 AM 10:08

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # L07000076546

1. Limited Liability Company's Name

Finishing Touch of Tallahassee LLC

~~64 E.J. Stringer Rd~~

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

64 E.J. Stringer Rd

Suite, Apt. #, etc.

3. Mailing Office Address

Suite, Apt. #, etc.

Same

City & State

Crawfordville, FL

Zip

32327

Country

Zip

Country

4. State/Country of Formation

5. Date Organized or Qualified
To Do Business in Florida

7/25/07

6. FEI Number

75-3248115

☐ Applied For

☐ Not Applicable

7. CERTIFICATE OF STATUS DESIRED ☐

\$5.00 Additional Fee required
for a Certificate of Status

CR2E041 (11/10)

10-11

8. Name and Address of Current Registered Agent

Name

Howard S. Harrell

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

64 E.J. Stringer Rd

Suite, Apt. #, Etc.

City

Crawfordville

State

FL

Zip Code

32327

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

H. S. Harrell

REGISTERED AGENT MUST SIGN

Date

4-13-11

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	Howard S. Harrell	64 E.J. Stringer	Crawfordville FL 32327
MGR	William C. Berardi	64 E.J. Stringer	Crawfordville FL 32327

11. E-mail Address

(To be used for future annual report notifications)

12. I certify that I am a 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 608.408, 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. I am aware that false information submitted in a document to the Department of State constitutes a third degree felony as provided for in § 817.155, F.S.

Signature of
Managing Member/Manager

H. S. Harrell

Date

4-13-11

Daytime Phone #

850 322-0224

Typed or printed name of signing Managing Member/Manager