

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**LIMITED LIABILITY
COMPANY
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # L08000001909

1. Limited Liability Company's Name

Interior Brilliance LLC

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

1802 Church St

Suite, Apt. #, etc.

City & State

Quincy FL

Zip

32351

Country

3. Mailing Office Address

1802 Church St.

Suite, Apt. #, etc.

City & State

Quincy FL

Zip

32351

Country

4. State/Country of Formation

FL/USA

5. Date Organized or Qualified
To Do Business in Florida

01/07/08

6. FEI Number

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

Don Roberts

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

1802 Church St

Suite, Apt. #, Etc.

City

Quincy

State

FL

Zip Code

32351

☒ 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

[Signature]

REGISTERED AGENT MUST SIGN

Date

2-2-10

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>Don Roberts</u>	<u>1802 Church St.</u>	<u>Quincy, FL 32351</u>

900167797549
02/02/10--01016--007 **277.50

11. E-mail Address: meditrome@yahoo.com

(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

[Signature]

Date

2-2-10

Daytime Phone #

850-544-7127

Typed or printed name of signing Managing Member/Manager

Don Roberts