

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

11 JAN 25 PM 12:38

DOCUMENT # LO8000017776

1. Limited Liability Company's Name

Florida Art LLC

800192434298
01/25/11--01022--005 **516.30

CR2E041 (1/11)

2. Principal Office Address - No P.O. Box #
4072 Burning Tree Drive

3. Mailing Office Address
111 Lowell Lane

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

Destin, FL

City & State

Blairsville

Zip

32541

Country

USA

Zip

GA

Country

30512

4. State/Country of Formation

Florida

5. Date Organized or Qualified
To Do Business in Florida

February 19, 2008

6. FEI Number

39-2071588

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
Erin L Bakker

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

4072 Burning Tree Drive

Suite, Apt. #, Etc.

City

Destin

State

FL

Zip Code

32541

E-mail Address:

mcg4132@gmail.com

(To be used for future annual report notices)

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

Erin L Bakker

Date 1-21-2011

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
MGRM	Erin L Bakker	4072 Burning Tree Drive	Destin, FL 32541
MGRM	Teri W. McGinnis	111 Lowell Lane	Blairsville, GA 30512

REINSTATEMENT 09-11

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

Signature of Managing
Member/Manager

Teri W McGinnis

Date 1/21/2011

Daytime Phone # 706-745-1883

Typed or printed name of signing Managing Member/Manager TERI W MCGINNIS