

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**LIMITED LIABILITY
COMPANY
REINSTATEMENT
2013**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED

14 JAN 09 PM 2:07

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT #

1. Limited Liability Company's Name
Diane K Anderson LLC L09000078337

CR2E041 (12/13)

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

4166 Arrow Ave

Suite, Apt. #, etc.

3. Mailing Office Address

4166 Arrow Ave

Suite, Apt. #, etc.

City & State

Sarasota, FL

City & State

Sarasota, FL

Zip

34232

Country

USA

Zip

34232

Country

USA

4. State/Country of Formation

Florida/Sarasota

5. Date Organized or Qualified
To Do Business in Florida

8/14/2009

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

Diane K Anderson

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

4166 Arrow Ave

Suite, Apt. #, Etc.

City

Sarasota

State

FL

Zip Code

34232

E-mail Address:

200255444442
01/09/14--01027--002 **238.75

diane@artandawe.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 605, F.S.

Signature of
Registered Agent

Diane K. Anderson

Date

1/06/2014

REGISTERED AGENT MUST SIGN

10. Names and Addresses of Each Person Authorized to manage the Limited Liability Company

Titles AMBR/MGR	Name of Authorized Person	Street Address of Each Authorized Person	City / State / Zip
mgr-	Diane K Anderson	4166 Arrow Ave	Sarasota, FL 34232

11. I certify that I am an authorized person empowered to execute this application as provided for in Chapter 605, 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 Chapter 605, 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

Authorized Person

Diane K. Anderson

Date

1/06/2014

Daytime Phone 941-371-2389

Typed or printed name of signing Authorized Person

Diane K. Anderson

K. ASHTON