

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

LIMITED LIABILITY
COMPANY
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED

12 MAY 15 AM 8:56

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # L10000020269

1. Limited Liability Company's Name

Shaun Smith's Custom Painting &
Decorative Concrete Designs LLC

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

172 Council Moore Rd

Suite, Apt. #, etc.

3. Mailing Office Address

Suite, Apt. #, etc.

City & State

Crawfordville FL

City & State

Zip

Country

32327

Zip

Country

4. State/Country of Formation

5. Date Organized or Qualified
To Do Business in Florida

6. FEI Number

Applied For

Not Applicable

7. CERTIFICATE OF STATUS DESIRED ☐

\$5.00 Additional Fee required
for a Certificate of Status

Name and Address of Current Registered Agent

Name

172 Council Moore Rd

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

Crawfordville FL 32327

Suite, Apt. #, Etc.

City

State

Zip Code

FL

300235124003
05/15/12--01011--003 **377.50

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

Shaun Smith

REGISTERED AGENT MUST SIGN

Date 5-15-12

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
MEM	Shaun Smith	172 Council Moore Rd	Crawfordville FL 32327

REINSTATEMENT 11, 12

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 608.406, 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 § 817.155, F.S.

Signature of

Managing Member/Manager

Shaun Smith

Date 5-15-12

Daytime Phone # 850-766-1569

Typed or printed name of signing Managing Member/Manager

N. GUNTER MAY 15 2012