PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

LIMITED LIABILITY COMPANY REINSTATEMENT

FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

2017 NOV -6 10:20

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11/06/17--01009--001 **238.75
CR2E041 (12/13)

DOCUMENT # L10000202269

1. Limited Liability Company's Name
Shaun Smith's Custom Painting and Decorative Concrete Designs LLC

2. Principal Office Address - No P.O. Box #	3. Mailing Office Address
68 Appaloosa Rd	
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State	City & State
Crawfordville FL	
Zip / Country	Zip / Country
32327	

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

8. Name and Address of Current Registered Agent

Name: Shaun Smith

Street Address (P.O. Box Number is Not Acceptable): 68 Appaloosa Rd

Suite, Apt. #, Etc.:

City: Crawfordville FL | State: FL | Zip Code: 32327

E-mail Address:
1979SmithShaun@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 605, F.S.

Signature of Registered Agent: Shaun Smith Date: 11/6/17
REGISTERED AGENT MUST SIGN

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

Titles AM9R/MGR	Name of Authorized Person	Street Address of Each Authorized Person	City / State / Zip
MGR	Shaun Smith	68 Appaloosa Rd	Crawfordville FL 32327

REINSTATEMENT
2017

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: Shaun Smith Date: 11/6/17 Daytime Phone #: 850-766-1569

Typed or printed name of signing Authorized Person