

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**LIMITED LIABILITY
COMPANY
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # L11000139947

1. Limited Liability Company's Name

CUSTOM BATH CONCEPTS, LLC

2. Principal Office Address - No P.O. Box #
3515 47TH AVE WEST

Suite, Apt. #, etc.

3. Mailing Office Address
3515 47TH AVE WEST

Suite, Apt. #, etc.

City & State
BRADENTON, FLORIDA

Zip
34210

Country
USA

City & State
BRADENTON, FLORIDA

Zip
34210

Country
USA

4. State/Country of Formation

FL, Manatee

5. Date Organized or Qualified
To Do Business in Florida

1-1-12

6. FEI Number

45-4082724

☐ 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

SHANE CUMMINS

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

3515 47TH AVE WEST

Suite, Apt. #, Etc.

City
BRADENTON, FLORIDA

State
FL

Zip Code
34210

800259068528
04/15/14-01028-013 **516.25

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

Shane Cummins

Date

4-9-14

REGISTERED AGENT MUST SIGN

10. Names and Street Addresses of Authorized Representatives/Managers

Titles	Name of Authorized Representatives/ Managers	Street Address of Each Authorized Representative/ Manager	City / State / Zip
Owner MGR	Shane Cummins	3515 47th Ave W	Bradenton, FL 34210
	<u>2012-2014</u>		S. HAWKES APR 16 A.M. EXAMINER

11. E-mail Address:

shane.cummins72@gmail.com

(To be used for future annual report notifications)

12. I certify that I am an authorized representative/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 605.0012, 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 to the Department of State constitutes a third degree felony as provided in s. 817.155, F.S.

Signature of

Authorized Representative/Manager

Shane Cummins

Date

4-9-14

Daytime Phone #

941-824-5758

Typed or printed name of signing Authorized Representative/Manager