

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

17 MAY 30 PM 2:47

FILING CANCELLED
RETURNED CHECK

CR2E041 (12/13)

DOCUMENT # L13000109283

1. Limited Liability Company's Name

Big DIESEL PAINTING & CLEANING LLC

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

1057 OCALA Rd.

Suite, Apt. #, etc.

3. Mailing Office Address

Suite, Apt. #, etc.

City & State

Tallahassee FL

City & State

Zip

32304

Country

LEON

Zip

Country

4. State/Country of Formation

FL

5. Date Organized or Qualified
To Do Business in Florida

8-2-2013

6. FEI Number

20444908

☐ 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

Emory Harmon

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

1057 OCALA Rd.

Suite, Apt. #, Etc.

City

Tallahassee

State

FL

Zip Code

32304

E-mail Address:

100299533031

05/30/17--01009--014 **377.50

BigDIESEL@AOL.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

[Signature]

Date

5-30-17

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
MBR	EMORY HARMON	1057 OCALA Rd.	TALL, FL. 32304

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

[Signature]

Date

5-30-17

Daytime Phone #

850-284-3785

Typed or printed name of signing Authorized Person

Emory Harmon