PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

C	ED LIABILITY OMPANY STATEMENT		TMENT OF State			馬斯 斯 15 APR -7	ah 8: 56	
DOCUMENT # L 13000 / 7494 / 1. Limited Liability Company's Name						BEONET APT 1	Plet	
CAIN'S CUSTODIAL ARTS, LLC								
2. Principal	Office Address - No P.O. Box#	3. Mailing Office Addre				CR2E041 (1/14)		
003 (₀ 3 Suite, Apt. #	BRO AVE. W.		- Contract			4. State/Country of Formation FLORIDA U.S.A.		
	T N4	Suite, Apt. #, etc. LOT N4			5. Date Organized or Qualified To Do Business in Florida			
City & State BRADE	ENTON FC.	City & State RRADENTO	N FL		6. FEI Number	1/25-06 1/2 4	Applied For	
3420	Country	34207	Country		7. CERTIFICATE OF	\$5.00 Addition	al Fee required ate of Status	
8. Name and Address of Current Registered Agent								
DANIEL CAIN								
Street Address (P.O. Box Number is Not Acceptable)					800271506818			
603 63rd Ave. W. LOTNY Suite Apt. #, Etc.					04/07/1501027008 ** 138.75			
CIV RADENTON State 3/12/07					800271506818 04/07/1501027007 **377.50			
State State 34207 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 Agent Must Sign								
10. Names and Street Addresses of Authorized Representatives/Managers								
Titles	Name of Authorized Representative Managers		Authorize	Address of Eac d Representati Manager		City / State / Zip		
MGRM	DANIEL CAIN	J 603	43rd	AUE. U	U. LOTNY	BRADENTUN/FL	/34207	
	DE	TNICTIAT	TITE AT	7 N T/T3				
	REINSTATEMENT				APR 7 2015			
			HH.			R. HUNT		
11. E-mail Address: dcain 1976 & Vahoo, 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 the replacement operation the content for 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 A. Cau Date 3-20-15 Daytime Phone # 941-545.0665								
Typed or printed name of signing Authorized Representative/Manager DANIEL A, CAIN								