

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM

**LIMITED LIABILITY
COMPANY
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # **L14000001479**

1. Limited Liability Company's Name

Artisan Construction Services, LLC

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

6332 Lincoln Rd.

Suite, Apt. #, etc.

3. Mailing Office Address

6332 Lincoln Rd.

Suite, Apt. #, etc.

City & State

Bradenton, FL

City & State

Bradenton, Florida

Zip

34203

Country

US

Zip

34203

Country

US

8. Name and Address of Current Registered Agent

Name

Mark Bunker

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

6332 Lincoln Rd.

Apt. #, Etc.

City

Bradenton

State

FL

Zip Code

34203

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

Mark Bunker
REGISTERED AGENT MUST SIGN

Date

6/22/16

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
	Mark Bunker	6332 Lincoln Rd.	Bradenton, FL 34203
	REINSTATEMENT		S. HAWKES
	2013 - 2014		JUN 29 A.M.
			EXAMINER

11. E-mail Address: **artisanscslca@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 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 requirement 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 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 representative/member

Mark Bunker

Date **6/22/16**

Daytime Phone #

941-201-9753

Typed or printed name of signing authorized representative/member

FILED

16 JUN 28 AM 10:17

**SECRETARY OF STATE
TALLAHASSEE, FLORIDA**

CR2E041 (1/14)

4. State/Country of Formation

FL / US

5. Date Organized or Qualified
To Do Business in Florida

6. FEI Number

46-4558768

Applied For

Not Applicable

7. CERTIFICATE OF STATUS DESIRED ☒

**\$5.00 Additional Fee required
for a certificate of status**

600287401026

06/28/16--01031--012 **382.50