

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM

**LIMITED LIABILITY  
COMPANY  
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE  
Secretary of State  
DIVISION OF CORPORATIONS

2016 SEP -9 PM 6:27

DOCUMENT # L14000138917

1. Limited Liability Company's Name

Garay Painting LLC

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

2414 Gothic Drive

Suite, Apt. #, etc

3. Mailing Office Address

same as

Suite, Apt. #, etc

City & State

Tallahassee, Florida

City & State

Zip

Country

32303

Zip

Country

8. Name and Address of Current Registered Agent

Name

Lely antonio Garay

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

2414 Gothic Dr

Apt. #, Etc

City

Tallahassee

State

FL

Zip Code

32303

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

REGISTERED AGENT MUST SIGN

Date

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
AMBR	Lely antonio Garay	2414 Gothic Dr	Tallahassee, FL, 32303
	<b>REINSTATEMENT</b>		
	2015-2016		

11. E-mail Address

(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

*Lely Antonio Garay*

Date 09-09-16

Daytime Phone #

Typed or printed name of signing authorized representative/member

CR2E041 (1/14)

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

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