

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

16 NOV 22 AM 11:45

DOCUMENT # L4000139405

1. Limited Liability Company's Name

It's Personal Monograms & Embroidery

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

1472 Corbison Point Place

Suite, Apt., #, etc.

Suite 2G

City & State

Jupiter, FL

Zip

33458

Country

USA

3. Mailing Office Address

6516 Chasewood Dr.

Suite, Apt., #, etc.

City & State

Zip

Country

8. Name and Address of Current Registered Agent

Name

Pamela Moss

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

1472 Corbison Point Place

Apt., #, Etc.

Suite 2G

City

Jupiter

State

FL

Zip Code

33458

CR2E041 (1/14)

4. State/Country of Formation

FL, USA

5. Date Organized or Qualified
To Do Business in Florida

September 2014

6. FEI Number

47-1774652

Applied For

Not Applicable

7. CERTIFICATE OF STATUS DESIRED ☐

\$5.00 Additional Fee required
for a certificate of status

900280518389

11/23/16--01008--007 **138.75

900280518389

12/31/15--01012--022 **238.75

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

Pamela Moss

REGISTERED AGENT MUST SIGN

Date 12/17/15

11/14/16

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
mng.	Pamela Moss	1472 Corbison Point Place	Jupiter, FL 33458
CEO	Joseph Sweatlock	1472 Corbison Point Place	Jupiter, FL 33458
REINSTATEMENT <u>2015-2016</u>			
			NOV 22 2016
			M. WILLIAMS

11. E-mail Address itspersonalmono@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

Pamela Moss

Date

12/17/15

Daytime Phone #

561-313-9684

Typed or printed name of signing authorized representative/member

Pamela Moss