

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

LIMITED LIABILITY
COMPANY
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED

15 DEC -7 PM 2:35

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # L15000072764

1. Limited Liability Company's Name

Benny's upholstery services
Add more

80029 3064970
12/07/16- 61004-027 #270.35
CR2E041 (12/13)

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

3210 West Tenn St

Suite, Apt. #, etc.

3. Mailing Office Address

3210 West Tenn St

Suite, Apt. #, etc.

4. State/Country of Formation

Florida

5. Date Organized or Qualified
To Do Business in Florida

City & State

Tall. FL

Zip

Country

32304 Leon

City & State

Tall. FL

Zip

Country

32304 Leon

6. FEI Number

47-3816360

☐ 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 Benny Richardson

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

2253 Natural Wells Dr

Suite, Apt. #, Etc.

City

Tall

State

FL

Zip Code

32305

E-mail Address:

richardsonben56@hotmail

(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 Benny Richardson

Date 12-7-16

REGISTERED AGENT MUST SIGN

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
MGR	Benny Richardson	3210 W. Tenn. St	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 Benny Richardson Date 12/7/16 Daytime Phone # 850-264-0428

Typed or printed name of signing Authorized Person

12/7/16