PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETINGTHIS FORM

2021 APR 16 PM 12:07

LIMITED LIABILITY COMPANY REINSTATEMENT

FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

400364299484
04/16/21--01029--020 **16.25

100364299411
04/16/21--01029--019 **500.00

CR2E041 (1/14)

DOCUMENT # L16000056468

1 Limited Liability Company's Name

Refresh Asphalt Coating

2 Principal Office Address - No P.O. Box #	3 Mailing Office Address
540 N.W. 4th Ave.	540 N.W. 4th Ave
Suite Apt # etc: 1805	Suite Apt # etc: 1805
City & State: Ft. Lauderdale, Fl	City & State: Ft. Lauderdale Fl
Zip: 33311 Country: U.S.A	Zip: 33311 Country: U.S.A

4. State/Country of Formation: Florida

5. Date Organized or Qualified To Do Business in Florida: 3/19/2016

6. FEI Number: ☐ 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: Alphonso Saulsby

Street Address (P.O. Box Number is Not Acceptable): 540 N.W. 4th Ave

Apt # Etc: 1805

City: Ft. Lauderdale State: FL Zip Code: 33311

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: Alphonso Saulsby Date: 4/16/21

REGISTERED AGENT MUST SIGN

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
AR.	Alphonso Saulsby	540 N.W. 4th Ave #1805	Ft. Lauderdale, Fl 33311

REINSTATEMENT

APR 16 2021

R. HUNT

11 E-mail Address: leesaul123@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 605.0108, 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: Alphonso Saulsby Date: 4/16/2021 Daytime Phone #: 850 251 9474

Typed or printed name of signing authorized representative/member:

I Alphonso Saulsby will not Reinstate or revoke the dissolution
Refresh Asphalt Coating LLC

Document number L 16000056468

And will file a new filing with the same name.

Alphonso Saulsby
SIGN NAME

4/16/2021
DATE