

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM

**LIMITED LIABILITY
COMPANY
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED

2024 MAY 29 AM 11:15

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **L18000190797**

1. Limited Liability Company's Name

Kelley Painting Services of Florida LLC

500430723915
05/30/24--01002--008 **125.00

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

1217 Robic Ave

Suite, Apt. #, etc.

3. Mailing Office Address

1217 Robic Ave.

Suite, Apt. #, etc.

City & State

Mt. Dora, FL

City & State

Mt. Dora, FL

Zip

32757

Country

USA

Zip

32757

Country

USA

CR2E041 (1/14)

4. State/Country of Formation

5. Date Organized or Qualified
To Do Business in Florida

08/09/2018

6. FEI Number

83-1522503

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

Laura P. Gobie

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

104 N. Grandview St.

Apt. #, Etc.

City

Mt. Dora

State

FL

Zip Code

32757

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

Laura P. Gobie

REGISTERED AGENT MUST SIGN

Date **05/22/2024**

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	Amanda Kelley	1305 Crestview Dr	Mt. Dora, FL 32757

11. E-mail Address:

laura@kelleypsfl.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

Amanda Kelley

Date

05/22/2024

Daytime Phone #

352-267-7854

Typed or printed name of signing authorized representative/member