

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM

LIMITED LIABILITY
COMPANY
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED

2024 MAR 18 AM 10:28

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # L22000506263

1. Limited Liability Company's Name

Skinin Painting Plus

100426040401
03/18/24--01001--008 **371.50

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

6333 Sagewood Ln
Suite, Apt #, etc.

3. Mailing Office Address

6333 Sagewood Ln
Suite, Apt #, etc.

City & State

Sebring FL

Zip

33876 US

City & State

Sebring FL

Zip

33876 US

CR2E041 (1/14)

4. State/Country of Formation

FL US

5. Date Organized or Qualified
To Do Business in Florida

1-1-23

6. FEL Number

92-1028577

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

James Skirvin

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

6333 Sagewood Ln

Apt #, Etc.

City

Sebring

State

FL

Zip Code

33876

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

[Signature]

REGISTERED AGENT MUST SIGN

Date 3-10-24

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
Owner	<u>James Skirvin</u>	<u>6333 Sagewood Ln</u>	<u>Sebring FL 33876</u>

• L. BROWN •

MAR 1 2024

11. E-mail Address Skinin Painting Plus @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

[Signature]

Date 3-10-24

Daytime Phone # 573-397-3531

Typed or printed name of signing authorized representative/member

James Skirvin