

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**LIMITED LIABILITY
COMPANY
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

SECRETARY OF STATE
DIVISION OF CORPORATIONS

04 AUG 30 AM 8:05

DOCUMENT # M02000000786

1. Limited Liability Company's Name

Picture This & More, L.L.C.

000040646550
08/30/04--01081--002 ***155.00

2. Principal Office Address

10801 Corkscrew Road

Suite, Apt. #, etc.

116

City & State

Estero, FL

Zip

33928

Country

USA

3. Mailing Office Address

10801 Corkscrew Road

Suite, Apt. #, etc.

116

City & State

Estero, FL

Zip

33928

Country

USA

4. State/Country of Formation

Wisconsin

5. Date Organized or Qualified
To Do Business in Florida

3/22/2002

6. FEI Number

392001462

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

Monique Williamson

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

17405 Meadow Lake Circle

Suite, Apt. #, Etc.

City

Ft. Myers

State

FL

Zip Code

33912

9. I, being appointed the registered agent of the above named limited liability company, am familiar with and accept the obligations of Chapter 608, F.S.

Signature of
Registered Agent

Monique D. Williamson
REGISTERED AGENT MUST SIGN

Date

8/25/04

10. Names and Street Addresses of Managing Members/Managers

Titles	Name of Managing Members/Managers	Street Address of Each Managing Member/Manager	City / State / Zip
MGR	Thomas E. Heisz	10801 Corkscrew Road, Suite 116	Estero, FL 33928

REINSTATEMENT

03-04

DM

11. I certify that I am managing member/manager or the receiver or trustee empowered to execute this application as provided for in chapter 608, 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 section 608.406, 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.

Signature of
Managing Member/Manager

Thomas E. Heisz

Date

8-22-04

Daytime Phone #

234-810-1983

Typed or printed name of signing Managing Member/Manager