

2006 LIMITED LIABILITY COMPANY REINSTATEMENT

FILED

06 NOV -1 PM 3:29

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # M02000000788

1. Entity Name
ART OUTLET, L.L.C.



Principal Place of Business
10801 CORKSCREW ROAD, SUITE 133
LEASE PLAN SUITE 116
ESTERO, FL 33928

Mailing Address
10801 CORKSCREW ROAD, SUITE 133
LEASE PLAN SUITE 116
ESTERO, FL 33928



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

10262006 REIN-LLC CR2E101 (11/05)

4. FEI Number

39-2001462

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$5.00 Additional
Fee Required

6. Name and Address of Current Registered Agent

WILLIAMSON, MONIQUE
17405 MEADOW LAKE CIRCLE
FT. MYERS, FL 33912

7. Name and Address of New Registered Agent

Name

Thomas E. Heisz

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

10801 Corkscrew Road, Suite 133

Lease Plan Suite 116

City Estero

FL

Zip Code
33928

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

10-29-06

FILE NOW!!! FEE IS \$150.00
After January 1, 2007, Fee will be \$200.00

Make check payable to
Florida Department of State

9. MANAGING MEMBERS/MANAGERS

TITLE MGR ☐ Delete
NAME HEISZ, THOMAS E
STREET ADDRESS 10801 CORKSCREW ROAD, SUITE 133
CITY-ST-ZIP ESTERO, FL 33928

10. ADDITIONS/CHANGES

TITLE ☐ Change ☐ Addition
NAME 700081434907
STREET ADDRESS 11/01/06--01045--010 **150.00
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

11. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am a managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

SIGNATURE:

Thomas E Heisz

10-29-06

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

Date

Daytime Phone #

REINSTATEMENT 06

11-6-06