

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

10 MAR -2 AM 11:40

DOCUMENT # P04000144234

1. Corporation Name

L.L.Ly Designs INC

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

230 Brookshire Rd

3. Mailing Office Address

Suite, Apt. #, etc.

SAME

City & State

Cropwell AL

City & State

Zip

35054

Country

USA

Zip

35054

Country

4. Date Incorporated or Qualified
To Do Business in Florida

10-31-02

5. FEI Number

01-0590638

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☐ \$8.75 Additional Fee required
for a Certificate of Status

7. Name and Address of Current Registered Agent

Name

Renee Lilly

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

Suite, Apt. #, Etc.

13159 VALERIAN WAY

City

WELINGTON FL

State

FL

Zip Code

33414

8. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of section 607.0505 or 617.0503, F.S.

Signature of
Registered Agent

Renee F Lilly

REGISTERED AGENT MUST SIGN

Date

Feb 26, 2010

9. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)

Titles	Name of Officers and/or Directors	Street Address of Each Officer and/or Director	City / State / Zip
<u>Pres</u>	<u>Renee Lilly</u>	<u>230 Brookshire Rd</u>	<u>Cropwell, AL 35054</u>
<u>Tren</u>	<u>Kevin J Lilly</u>	<u>230 Brookshire Rd</u>	<u>Cropwell, AL 35054</u>

10. E-mail Address: LBRECORDMEN (small letters)

(To be used for future annual report notification)

11. I certify that I am an officer or director or the receiver or trustee empowered to execute this application as provided for in chapter 607 or 617, F.S. I further certify that when filing this reinstatement application, the reason for dissolution has been eliminated, the corporate name satisfies the requirements of section 607.0401 or 617.0401, F.S., that all fees owed by the corporation have been paid. I further certify 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:

Renee F Lilly

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

2-15-2010

Daytime Phone #

205 533-7736