## PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

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Se Se			ry of S	NT OF STATE	FILED SECRETARY OF STATE TALLAMASSEE, FLORIDA 12 FEB 24 PH 2: 59			
DOCUMENT #  1. Limited Liability Company's Name					,	21CD 24 PM 2	: 59	
AWARD PAINTING & WALL COVERING								
DUCLMENT NUMBER PO50000 22983					600215678176 01/24/1201028022 **522.50 cr26041 (1/11)			
	ffice Address - No P.O. Box#		3. Mailing Office Address			<u> </u>	,	ı
5351 Suite, Apt. #, et		53516ABRIEL CANE			4. State/Country of Formation  FLORIDA LEE			
					5. Date Organized or Qualified To Do Business in Florida ()7 - 67 - 2 co 3			
City & State  FORT MYERS F(, FORT			MYENS FL 6		6. FEI Number Applied For			
FURT MYERS FC. FURT			Country		7. \$5.00 Additional Fee required			
331	08 LER	33 708		£ € €	CERTIFICATE		for a Certificate of Status	;
Name and Address of Current Registered Agent  Name  ,						C mait Address.		
NEIL C STEWART					E-mail Address: 600215678176			
Street Address (P.O. Box Number is Not Acceptable)  5351 GABRIE ( CAME					600215678176 12/30/1101023001 **377.50 NSAWARJCBAO( COM			
Suite, Apt. #, Etc.								
FORT MYERS State Zip Code 8					(To be used for future annual report notices)			
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.								
Registered Agent Let Standard Date 12-27-11  REGISTERED AGENT MUST SIGN								
10. Names and Street Addresses of Managing Members/Managers								
Titles	Name of Street Address of Eac Managing Members/Managers Managing Member/Man			<sup>0</sup> − − − − − − − − − − − − − − − − − − −				
OWNER /	NEIL & STEWART 5351 GABRIER				LANE	FURT MYER	s,FC 33%8	
	REINSTPTEMENT FEE					1/00	377.50	İ
	ANNUAL REPORT FEE ZYNS					\$ 277.50	158-70	1/10 1/10
	DEINICTATEMENT					377.50	* (057) 7-	7
	TARIATAN AX	0-12			T/0 (	3/7.30	47038-13	
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 filling 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. 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.								
Member/N	Signature of Managing  Member/Manager  Leil: 5 towart  Date 17-7-11 Daytime Phone # 239-481-2739							
Typed or printed name of signing Managing Member/Manager								<b>!</b> /
						EED 0 7 9019		

FEB 2 7 2012

T. CAULEY