

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM

LIMITED LIABILITY COMPANY REINSTATEMENT



FLORIDA DEPARTMENT OF STATE Secretary of State DIVISION OF CORPORATIONS

FILED

16 JUN 28 AM 10:17

SECRETARY OF STATE TALLAHASSEE FLORIDA

DOCUMENT # L14000001479

1. Limited Liability Company's Name

Artisan Construction Services, LLC

CR2E041 (1/14)

2. Principal Office Address - No P.O. Box # 6332 Lincoln Rd. Suite, Apt. #, etc. City & State Bradenton, FL Zip 34203 Country US

3. Mailing Office Address 6332 Lincoln Rd. Suite, Apt. #, etc. City & State Bradenton, Florida Zip 34203 Country US

4. State/Country of Formation FL / US 5. Date Organized or Qualified To Do Business in Florida 6. FEI Number 46-4558768 Applied For Not Applicable 7. CERTIFICATE OF STATUS DESIRED [X] \$5.00 Additional Fee required for a certificate of status

8. Name and Address of Current Registered Agent

Name Mark Bunker Street Address (P.O. Box Number is Not Acceptable) Suite, Apt. # Etc. 6332 Lincoln Rd. City Bradenton State FL Zip Code 34203

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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] Date 6/22/16 REGISTERED AGENT MUST SIGN

10. Names and Street Addresses of Authorized Representatives/Managers

Table with 4 columns: Titles, Name of Authorized Representatives/Managers, Street Address of Each Authorized Representative/Manager, City / State / Zip. Includes Mark Bunker and a REINSTATEMENT stamp for 2013-2014.

S. HAWKES JUN 29 A.M. EXAMINER

11. E-mail Address: artisanscllc@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 6/22/16 Daytime Phone # 941-201-9753

Typed or printed name of signing authorized representative/member