PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

LIMITED LIABILITY COMPANY REINSTATEMENT

FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

07 OCT 10 PM 3:13

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CR2E041 (1/07)

DOCUMENT # L04000029371

1. Limited Liability Company's Name
New Visions Painting LLC
Doc # L04000029371

2. Principal Office Address - No P.O. Box #	3. Mailing Office Address
816 e 17th Ave	816 e 17th Ave
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: NSB, Fl	City & State: New Smyrna Beach, Fl
Zip: 32169 Country: US	Zip: 32169 Country: US

4. State/Country of Formation: Fl

5. Date Organized or Qualified To Do Business in Florida: 04-09-2004

6. FEI Number: 61-147-0852 ☐ 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: Jasper Mosher
Street Address (P.O. Box Number is Not Acceptable): 816 e 17th Ave
Suite, Apt. #, Etc.:
City: NSB, Fl State: FL Zip Code: 32169

☒ A $100 reinstatement fee is imposed, except in circumstances which the entity did not receive the prior notices. By checking this box, you are certifying the prior notices were not received and requesting the $100 reinstatement be waived.

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: Jasper Mosher (REGISTERED AGENT MUST SIGN) Date: 8-31-07

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
MGRM	Jasper Mosher	816 e 17th Ave	NSB, Fl 32169
MGRM	Travis Mosher	816 e 17th Ave	NSB, Fl 32169
	FF $150	REINSTATEMENT	
	PF $0	WQP 2005-2007	
			BLT

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: Jasper Mosher Date: 8-31-07 Daytime Phone #: 386-690-6640

Typed or printed name of signing Managing Member/Manager: