PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

LIMITED LIABILITY COMPANY REINSTATEMENT

FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED
07 AUG 14 PM 4:04
SECRETARY OF STATE
TALLAHASSEE FLORIDA

DOCUMENT # L04000083104

1. Limited Liability Company's Name
C.A. FAIN PAINTING L.L.C.

300108375623
08/21/07--01026--021 **250.00

CR2E041 (1/07)

2. Principal Office Address - No P.O. Box #
11485 FANGORN RD.
Suite, Apt. #, etc
Home office
City & State
ORL FLA
Zip 32825 Country ORANGE

3. Mailing Office Address
11485 FANGORN
Suite, Apt. #, etc
SAME
City & State
ORL FL
Zip 32825 Country ORANGE

4. State Country of Formation
FLA. / ORANGE
5. Date Organized or Qualified to Do Business in Florida 1979-1-1
6. FEI Number 263-96-0694 Applied For / Not Applicable
7. CERTIFICATE OF STATUS DESIRED ☑ $30.00 Additional Fee required for a Certificate of Status

8. Name and Address of Current Registered Agent
Name
CHARLES A. FAIN
Street Address (P.O. Box Number is Not Acceptable)
11485 FANGORN RD.
Suite, Apt. #, Etc
Home office
City ORL, FLA. State FL Zip Code 32825

☐ 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 Charles A Fain Date 8-1-07
REGISTERED AGENT MUST SIGN

10. Names and Street Addresses of Managing Members/Managers

Titles	Name of Managing Members/Managers	Street Address of Managing Members/Managers	City-State-Zip
MGRM	CHARLES A FAIN	11485 FANGORN RD.	ORL, FL 32825

REINSTATEMENT

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 Charles A Fain Date 8-1-07 Daytime Phone # 407-234-4900

Typed or printed name of signing Managing Member/Manager CHARLES A FAIN