

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

05 MAR -8 AM 9:53

**DOCUMENT #**

L01000008690

**1. Limited Liability Company's Name**

Zimco Painting, LLC

**2. Principal Office Address**

735 Creative Dr.

Suite, Apt. #, etc.

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City & State

Lakeland, Florida

Zip

33813

Country

USA

**3. Mailing Office Address**

PO Box 5551

Suite, Apt. #, etc.

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City & State

Lakeland, Florida

Zip

33807

Country

USA

**4. State/Country of Formation**

Florida/USA

**5. Date Organized or Qualified  
To Do Business in Florida**

05/29/2001

**6. FEI Number**

593745083

Applied For

Not Applicable

**7. CERTIFICATE OF STATUS DESIRED ☒**

\$5.00 Additional Fee required  
for a Certificate of Status

REINSTATEMENT 02-05

**8. Name and Address of Current Registered Agent**

Name

Lawrence E. Zimmer Jr.

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

5017 Greenbrook Lane

Suite, Apt. #, Etc.

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City

Lakeland

State

FL

Zip Code

33811

**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

Date

REGISTERED AGENT MUST SIGN

**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	Lawrence E. Zimmer Jr.	5017 Greenbrook Lane	Lakeland/Florida/33811

000048400390  
03/19/05--01012--006 \*\*305.00

**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

Lawrence E. Zimmer Jr.

Date

03/03/05

Daytime Phone

(863) 944-6759

Typed or printed name of signing Managing Member/Manager

CR2E041 (10/02)