L01000009761

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From:
Account Name : GRONEK & LATHAM, LLP
Account Number : I20000000025
Phone : (407)481-5800
Fax Number : (407)481-5801

LIMITED LIABILITY REINSTATEMENT

TRI-CITIES PAINT & DECORATING, LLC

Certificate of Status	1
Certified Copy	0
Page Count	01 2
Estimated Charge	$155.00

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PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

LIMITED LIABILITY COMPANY REINSTATEMENT

FLORIDA DEPARTMENT OF STATE
Jim Smith
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # L01000009761

1. Limited Liability Company's Name
Tri-Cities Paint & Decorating, LLC

2. Principal Office Address	3. Mailing Office Address
877 Waterway Place	877 Waterway Place
Suite, Apt. #, etc. #2	Suite, Apt. #, etc. #2
City & State Longwood, FL	City & State Longwood
Zip 32750 / Country USA	Zip FL / Country USA

4. State/Country of Formation: Florida/USA

5. Date Organized or Qualified To Do Business in Florida: June 18, 2001

6. FEI Number: 01-0713856 (Applied For / Not Applicable)

7. CERTIFICATE OF STATUS DESIRED ☑

8. Name and Address of Current Registered Agent

Name: C&L Agent Services, Inc.

Street Address (P.O. Box Number is Not Acceptable): 990 N. Orange Avenue

Suite, Apt. #, Etc.: 800

City: Orlando State: FL Zip Code: 32801

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: Robert Gronek President
REGISTERED AGENT MUST SIGN

Date: October 18, 2002

10. Names and Street Addresses of Managing Members/Managers

Titles	Name of Managing Member/Manager	Street Address of Each Managing Member/Manager	City / State / Zip
PRES	DENNIS L. TOWNSEND	1207 EAGLE TRAIL	LONGWOOD, FL 32750

STATEMENT

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 608.508, F.S., and that all fees owed by the limited liability company have been paid. This 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: Dennis L Townsend Date: 10-18-2002 Daytime Phone #: 407-767-8565

Typed or printed name of signing Managing Member/Manager: DENNIS L. TOWNSEND H02000216638 5