

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 JAN 25 AM 9:12

DOCUMENT # L01000013133

1. Limited Liability Company's Name

Paint Pros USA, LLC

100086748051
01/31/07--01011--004 **355.00

CR2E041 (1/07)

2. Principal Office Address - No P.O. Box #

1722 Hazelwood St.

Suite, Apt. #, etc.

3. Mailing Office Address

1650 Edith Ave.

Suite, Apt. #, etc.

City & State

SARASOTA, Florida

Zip

34231

Country

SARASOTA

City & State

Englewood, Florida

Zip

34223

Country

Charlotte

4. State/Country of Formation

Florida SARASOTA

5. Date Organized or Qualified
To Do Business in Florida

8-07-2001

6. FEI Number

651128112

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

Timothy P. McGEE

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

1722 Hazelwood St.

Suite, Apt. #, Etc.

City

SARASOTA

State

FL

Zip Code

34231

☐ 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

Timothy P. McGEE

REGISTERED AGENT MUST SIGN

Date 1/21/07

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
MGR	Timothy P. McGEE	1722 Hazelwood St	SARASOTA, FL. 34231
MGR	NORA A. DAVIS	1650 Edith Ave.	Englewood FL 34223

REINSTATEMENT 03-07

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

Timothy P. McGEE

Date 1/21/07

Daytime Phone # 941-270-0890

Typed or printed name of signing Managing Member/Manager

Timothy P. McGEE