

L02000024066

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM

LIMITED LIABILITY COMPANY REINSTATEMENT

FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

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DIVISION OF CORPORATIONS

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04/23/04--01020--010 **50.00

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03/19/04--01040--024 **150.00

DOCUMENT # L02000024066

1. Limited Liability Company's Name
Pro-Coat Painting LLC
REINSTATEMENT 2003-2004

2. Principal Office Address 8434 Blackberry Rd Suite, Apt. #, etc. City & State Ft. Myers, FL Zip 33912 Country USA		3. Mailing Office Address 8434 Blackberry Rd Suite, Apt. #, etc. City & State Ft. Myers, FL Zip 33912 Country USA	
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4. State/Country of Formation Florida USA	
5. Date Organized or Qualified To Do Business in Florida 10-4-02	
6. FEI Number 371442177	Applied For Not Applicable
7. CERTIFICATE OF STATUS DESIRED <input type="checkbox"/> \$5.00 Additional Fee required for a Certificate of Status	

8. Name and Address of Current Registered Agent		
Name William J. Henke		
Street Address (P.O. Box Number is Not Acceptable) 8434 Blackberry Rd		
Suite, Apt. #, Etc.		
City Ft. Myers	State FL	Zip Code 33912

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 William J. Henke Date 3/11/04

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
Business manager	Angela Livingston	8434 Blackberry Rd	Ft. Myers, FL 33912
	REINSTATEMENT 2003-2004		

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 the 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 Angela Livingston Date 3/11/04 Daytime Phone # 239-590-3899

Typed or printed name of signing Managing Member/Manager Angela Livingston

CR2E041 (10/02)