


150.00
9-16-05

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

LIMITED LIABILITY COMPANY REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED
07 SEP 26 PM 2:29
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # LO 3000045732

1. Limited Liability Company's Name
Jerry Quinn Painting Contractor LLC

2. Principal Office Address - No P.O. Box #
17710 Peppard DR.
Suite, Apt. #, etc.

3. Mailing Office Address
17710 Peppard DR.
Suite, Apt. #, etc.

City & State
Ft. Myers Beach, FL.

City & State
Ft. Myers Beach, FL.

Zip Country
33931 Lee

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33931 Lee

4. State/Country of Formation
Florida

5. Date Organized or Qualified To Do Business in Florida
11/19/03

6. FEI Number
20-0309672

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
Gerald Quinn

Street Address (P.O. Box Number is Not Acceptable)
17710 Peppard DR.

Suite, Apt. #, Etc.

City
Ft. Myers Beach

State
FL

Zip Code
33931

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 Gerald Quinn

REGISTERED AGENT MUST SIGN

Date 7-27-07

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	Gerald Quinn	17710 Peppard DR.	Ft. Myers Beach, FL 33931
			300110061388 09/28/07--01055--013 **105.00
			100110061441 09/28/07--01055--014 **50.00

REINSTATEMENT DB

2005-2007

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 608.408, 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 Gerald Quinn Date 7-27-07 Daytime Phone # 239-415-4499

Typed or printed name of signing Managing Member/Manager Gerald Quinn