

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 SEP 20 PM 4:21

DOCUMENT # **L030000047694**

1. Limited Liability Company's Name

BRUCE LUNNIN PAINTING, LLC

CR2E041 (1/07)

2. Principal Office Address - No P.O. Box #
2428 MARINER BLVD

Suite, Apt. #, etc.

City & State
SPRING HILL, FL

Zip
34609

Country
USA

3. Mailing Office Address
2428 MARINER BLVD

Suite, Apt. #, etc.

City & State
SPRING HILL, FL

Zip
34609

Country
USA

4. State/Country of Formation

FLORIDA / USA

5. Date Organized or Qualified
To Do Business in Florida

11/25/03

6. FEI Number
01-9524640

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
BRUCE LUNNIN

Street Address (P.O. Box Number is Not Acceptable)
2428 MARINER BLVD

Suite, Apt. #, Etc.

City
SPRING HILL

State
FL

Zip Code
34609

☒ 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

[Signature]

Date **8/31/2007**

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
MGR	BRUCE LUNNIN	2428 MARINER BLVD	SPRING HILL, FL 34606
			000109959910
			09/25/07--01035--005 **100.00
			REINSTATEMENT
			2006-2007
			BLT

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

[Signature]

Date **8/31/2007**

Daytime Phone # **(727) 729-1113**

Typed or printed name of signing Managing Member/Manager **BRUCE LUNNIN**