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

06 SEP 28 PM 2:33

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DOCUMENT # L03000047962

1. Limited Liability Company's Name

ALLNU Painting LLC

2. Principal Office Address	3. Mailing Office Address
160 E. Keuka Lk. Rd. Box 1301	
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: Interlachen Fl.	City & State: Interlachen Fl.
Zip: 32148 Country: Putnam	Zip: 32148 Country: Putnam

4. State/Country of Formation: Florida US.

5. Date Organized or Qualified 1993
To Do Business in Florida 12/5/03 LLC

6. FEI Number: 593186787 ☐ 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: Rick A. Cox

Street Address (P.O. Box Number is Not Acceptable): 160 E Keuka Lk Rd.

REINSTATEMENT 2004-2006

Suite, Apt. #, Etc.:

City: Interlachen | State: FL | Zip Code: 32148

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: Rick A. Cox Date: 9/21/06
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
MGRM	Rick A. Cox	160 E Keuka Lk Rd.	Interlachen Fl. 32148
	(NO other members)	386 916-1466 Cell	
	Rick A. Cox owns	100% of ALLNU	Painting LLC

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: Rick A. Cox Date: 9 21 06 Daytime Phone # 386 916 1466

Typed or printed name of signing Managing Member/Manager: Rick A. Cox