2008 LIMITED LIABILITY COMPANY REINSTATEMENT

DOCUMENT# L03000048474

Entity Name: PARAMOUNT PAINTING LTD CO

Current Principal Place of Business:	**New Principal Place of Business:**
3431 YAWKEY AVE SARASOTA, FL 34232	3112 VINSON AVE SARASOTA, FL 34232

Current Mailing Address:	**New Mailing Address:**
P O BOX 18901 SARASOTA, FL 34231	

FEI Number: 50-0007592   FEI Number Applied For ( )   FEI Number Not Applicable ( )   Certificate of Status Desired ( )
In accordance with s. 607.193(2)(b), F.S., the limited liability company did not receive the prior notice.

Name and Address of Current Registered Agent:	**Name and Address of New Registered Agent:**
SERFOZO, KRISZTIAN 3431 YAWKEY AVE SARASOTA, FL 34232 US	SERFOZO, KRISZTIAN 3112 VINSON AVE SARASOTA, FL 34232 US

The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

SIGNATURE: KRISZTIAN SERFOZO   11/21/2008

                Electronic Signature of Registered Agent   Date

MANAGING MEMBERS/MANAGERS: **ADDITIONS/CHANGES:**

Title:	MGRM ( ) Delete		Title:	MGRM (X) Change ( ) Addition
Name:	SERFOZO, KRISZTIAN		Name:	SERFOZO, KRISZTIAN
Address:	3431 YAWKEY AVE		Address:	3112 VINSON AVE
City-St-Zip:	SRASOTA, FL 34232		City-St-Zip:	SRASOTA, FL 34232
Title:	MGRM ( ) Delete		Title:	( ) Change ( ) Addition
Name:	SERFOZO, ANDRAS SR.		Name:	
Address:	4715 NW 30TH ST		Address:	
City-St-Zip:	GAINESVILLE, FL 32605		City-St-Zip:	

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my electronic signature shall have the same legal effect as if made under oath; that I am a managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

SIGNATURE: KRISZTIAN SERFOZO   MGRM   11/21/2008

            Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date