


# 2004 LIMITED LIABILITY COMPANY REINSTATEMENT

DOCUMENT # L03000049709					
1. Entity Name ARROW PAINTING LLC					
Principal Place of Business 1513 BRANCH ST TALLAHASSEE, FL 32303			Mailing Address 1513 BRANCH ST TALLAHASSEE, FL 32303		
2. Principal Place of Business <i>1513 Branch St.</i>		3. Mailing Address <i>1513 Branch St.</i>			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State <i>Tallahassee, FL</i>		City & State <i>Tallahassee</i>		4. FEI Number <i>20-0442156</i>	
Zip <i>32303</i>		Country <i>USA</i>		Applied For Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>		\$5.00 Additional Fee Required			
6. Name and Address of Current Registered Agent  BARNES & JAMES, P.A. 2629 BLAIR STONE RD. TALLAHASSEE, FL 32301			7. Name and Address of New Registered Agent Name <i>Same</i> Street Address (P.O. Box Number is Not Acceptable)  City <i>FL</i> Zip Code		
8. 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. I am familiar with, and accept the obligations of registered agent.					
SIGNATURE <i>[Signature]</i> (NOTE: Registered Agent signature required when reinstating) DATE					
<b>FILE NOW!!! FEE IS \$50.00</b> After January 1, 2005, Fee will be \$100.00		In accordance with s. 607.193(2)(b), F.S., the limited liability company did not receive the prior notice.		Make check payable to Florida Department of State	
9. MANAGING MEMBERS/MANAGERS			10. ADDITIONS/CHANGES		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM DODRILL, JON 1513 BRANCH ST. TALLAHASSEE, FL 32303 <input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
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<div style="display: flex; justify-content: space-between;"> <div> <b>REINSTATEMENT 2004</b>  <i>BK</i> </div> <div> <b>700042610567</b>  <b>11/09/04--01089--001 **50.00</b> </div> </div>					
11. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my 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: <i>[Signature]</i> DATE: <i>4/1/04</i> Daytime Phone #					