

PLEASE READ ALL INSTRUCTIONS BEFORE COI

FILED
May 16, 2006 8:00 am
Secretary of State

05-16-2006 90182 008 ****55.00

**LIMITED LIABILITY
COMPANY**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # **L03000050047**

1. Limited Liability Company's Name

Paint Plus L.L.C.

20045743

CR2E041 (8/05)

2. Principal Office Address

181 McCloud Rd.

Suite, Apt. #, etc.

3. Mailing Office Address

Suite, Apt. #, etc.

City & State

Freeport, Florida

City & State

Zip

32439

Country

United States

Zip

Country

4. State/Country of Formation

Florida

5. Date Organized or Qualified
To Do Business in Florida

12-4-03

6. FEI Number

86-1089316

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

Joseph A. Jackson

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

181 McCloud Rd.

Suite, Apt. #, Etc.

City

Freeport

State

FL

Zip Code

32439

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

Joseph A. Jackson

REGISTERED AGENT MUST SIGN

Date

4-25-06

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.	Joseph Jackson	181 McCloud Rd.	Freeport Fl. 32439

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

Joseph A. Jackson

Date

4-25-06

Daytime Phone #

850-835-2043

Typed or printed name of signing Managing Member/Manager

Joseph A. Jackson