

2008 LIMITED LIABILITY COMPANY REINSTATEMENT

DOCUMENT # L03000050067		
1. Entity Name ELEGANT TOUCH DECORATIVE PAINTING, LLC		

SECRETARY OF STATE
DIVISION OF CORPORATE REGISTRATION
08 JAN 16 AM 8:53

Principal Place of Business 497 MANAGUA WAY MARY ESTHER, FL 32569 US	Mailing Address 497 MANAGUA WAY MARY ESTHER, FL 32569 US
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2. Principal Place of Business - No P.O. Box # 2363 Antler Court Suite, Apt. #, etc.	3. Mailing Address Beth Haynes 2363 Antler Court Navarre, FL 32566
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01032008 REIN-LLC CR2E101 (1/07)

City & State Navarre FL	4. FEI Number 56-2430448	Applied For <input type="checkbox"/> Not Applicable
Zip Country USA	Zip Country USA	5. Certificate of Status Desired <input type="checkbox"/> \$5.00 Additional Fee Required

6. Name and Address of Current Registered Agent FARNSWORTH, BETH A 497 MANAGUA WAY MARY ESTHER, FL 32569	7. Name and Address of New Registered Agent Name Beth Haynes Street Address (P.O. Box Number is Not Acceptable) 2363 Antler Court City Navarre FL Zip Code 32566
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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 Beth Haynes DATE 3 Jan 2008

Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

FILE NOW!!! FEE IS \$377.50	Make check payable to Florida Department of State
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9. MANAGING MEMBERS/MANAGERS		10. ADDITIONS/CHANGES	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR FARNSWORTH, BETH A 497 MANAGUA WAY MARY ESTHER, FL 32569 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR Haynes Beth 2363 Antler Court Navarre, FL 32566 <input checked="" 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	500114861025 01/11/08--01049--013 **\$377.50 <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
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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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

11. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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: Beth Haynes DATE 3 Jan 2008 850-939-0255

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

REINSTATEMENT 07-08

STATE OF FLORIDA MARRIAGE RECORD

TYPE IN UPPER CASE
USE BLACK INK

This license not valid unless seal of Clerk,
Circuit or County Court, appears thereon.

2006 ML 002923 S

(APPLICATION NUMBER)

APPLICATION TO MARRY

1. GROOM'S NAME (First, Middle, Last) JERRY WAYNE HAYNES II		2. DATE OF BIRTH (Month, Day, Year) 04/19/1967	
3a. RESIDENCE - CITY, TOWN, OR LOCATION NAVARRE	3b. COUNTY SANTA ROSA	3c. STATE FLORIDA	4. BIRTHPLACE (State or Foreign Country) IOWA
5a. BRIDE'S NAME (First, Middle, Last) BETH ANN FARNSWORTH		5b. MAIDEN SURNAME (if different)	
6. DATE OF BIRTH (Month, Day, Year) 03/08/1971		7. STATE FLORIDA	
7a. RESIDENCE - CITY, TOWN, OR LOCATION MARY ESTHER	7b. COUNTY OKALOOSA	7c. STATE FLORIDA	8. BIRTHPLACE (State or Foreign Country) OHIO

WE THE APPLICANTS NAMED IN THIS CERTIFICATE, EACH FOR HIMSELF OR HERSELF, STATE THAT THE INFORMATION PROVIDED ON THIS RECORD IS CORRECT TO THE BEST OF OUR KNOWLEDGE AND BELIEF, THAT NO LEGAL OBJECTION TO THE MARRIAGE NOR THE ISSUANCE OF A LICENSE TO AUTHORIZE THE SAME IS KNOWN TO US AND HEREBY APPLY FOR LICENSE TO MARRY.

9. SIGNATURE OF GROOM (Sign full name using black ink) <i>Jerry Wayne Haynes II</i>	10. SUBSCRIBED AND SWORN TO BEFORE ME ON (DATE) 12/18/2006
11. TITLE OF OFFICIAL DEPUTY CLERK	12. SIGNATURE OF OFFICIAL (Use black ink) <i>Linda Jean Allabach</i>
13. SIGNATURE OF BRIDE (Sign full name using black ink) <i>Beth Ann Farnsworth</i>	14. SUBSCRIBED AND SWORN TO BEFORE ME ON (DATE) 12/18/2006
15. TITLE OF OFFICIAL DEPUTY CLERK	16. SIGNATURE OF OFFICIAL (Use black ink) <i>Linda Jean Allabach</i>

LICENSE TO MARRY

AUTHORIZATION AND LICENSE IS HEREBY GIVEN TO ANY PERSON DULY AUTHORIZED BY THE LAWS OF THE STATE OF FLORIDA TO PERFORM A MARRIAGE CEREMONY WITHIN THE STATE OF FLORIDA AND TO SOLEMNIZE THE MARRIAGE OF THE ABOVE NAMED PERSONS. THIS LICENSE MUST BE USED ON OR AFTER THE EFFECTIVE DATE AND ON OR BEFORE THE EXPIRATION DATE IN THE STATE OF FLORIDA IN ORDER TO BE RECORDED AND VALID.

17. COUNTY ISSUING LICENSE OKALOOSA	18. DATE LICENSE ISSUED 12/18/2006	18a. DATE LICENSE EFFECTIVE 12/21/2006	19. EXPIRATION DATE 02/16/2007
20a. SIGNATURE OF COURT CLERK OR JUDGE <i>Don W. Howard</i>		20b. TITLE CLERK OF CIRCUIT COURT	20c. BY D.C. <i>LJA</i>

CERTIFICATE OF MARRIAGE

I HEREBY CERTIFY THAT THE ABOVE NAMED GROOM AND BRIDE WERE JOINED BY ME IN MARRIAGE IN ACCORDANCE WITH THE LAWS OF THE STATE OF FLORIDA.

21. DATE OF MARRIAGE (Month, Day, Year) January 6, 2007	22. CITY, TOWN, OR LOCATION OF MARRIAGE Santa Rosa Beach, FL
23a. SIGNATURE OF PERSON PERFORMING CEREMONY (Use black ink) <i>Thomas S. Hamon</i>	23c. ADDRESS (Of person performing ceremony) 5200 E. Hwy 98, Santa Rosa Bch, FL 32459
23b. NAME AND TITLE OF PERSON PERFORMING CEREMONY (Or notary stamp) Thomas S. Hamon Pastor - Christian International Family Church	24. SIGNATURE OF WITNESS TO CEREMONY (Use black ink) <i>John A. Haynes</i>
	25. SIGNATURE OF WITNESS TO CEREMONY (Use black ink) <i>John A. Haynes</i>

SEAL

INFORMATION BELOW FOR USE BY VITAL STATISTICS ONLY NOT TO BE RECORDED

CERTIFIED A TRUE
AND CORRECT COPY
DON W. HOWARD
CLERK CIRCUIT COURT

BY *Linda Jean Allabach*
DEPUTY CLERK

DATE *January 08, 2007*

