

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

FILED

2006 SEP 25 PM 12:23

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

CR2E041 (8/05)

LIMITED LIABILITY
COMPANY
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # 603000051134

1. Limited Liability Company's Name

David E. Partridge, LLC

2. Principal Office Address

169 Lorenz Dr.

Suite, Apt. #, etc.

3. Mailing Office Address

same

Suite, Apt. #, etc.

City & State

DeFuniak Spgs, FL

City & State

Zip

32435

Country

Walton

Zip

Country

4. State/Country of Formation

5. Date Organized or Qualified
To Do Business in Florida

1-1-04

6. FEIN Number

52-2419545

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

David E. Partridge

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

169 Lorenz Dr.

Suite, Apt. #, Etc.

City

DeFuniak Spgs.

State
FL

Zip Code

32435

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

X [Signature]

REGISTERED AGENT MUST SIGN

Date

9-22-06

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 | David E. Partridge | 169 Lorenz Dr. | DeFuniak Spgs. FL 32435 |
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |

300080221693
09/27/06--01048--013 **100.00

REINSTATEMENT

05-04

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

X [Signature]

Date

9-22-06

Daytime Phone #

850 401-4325

Typed or printed name of signing Managing Member/Manager

DAVID R. JOHNSON, CPA

1265 Hwy.331 S.
DeFuniak Springs, FL 32435
(850) 892-2752

FILED

2006 SEP 25 PM 12:23

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

September 22, 2006

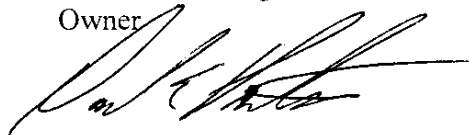
Ref: David E, Partridge Painting, LLC

To Whom It May Concern:

I David E. Partridge never received any previous notices concerning the annual report.
Please waive any late fees.

Sincerely

David E. Partridge
Owner

A handwritten signature in black ink, appearing to read 'David E. Partridge', written over the printed name and title.