

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**LIMITED LIABILITY  
COMPANY  
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE  
Secretary of State  
DIVISION OF CORPORATIONS

SECRETARY OF STATE  
DIVISION OF CORPORATIONS

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DOCUMENT # 203 0000 52475

1. Limited Liability Company's Name

JERRY MARTIN PAINTING LLC

2. Principal Office Address - No P.O. Box #

6531 NE 22 CT

Suite, Apt. #, etc.

City & State

Ocala, FL

Zip

Country

34479

3. Mailing Office Address

Suite, Apt. #, etc.

City & State

Zip

Country

4. State/Country of Formation

5. Date Organized or Qualified  
To Do Business in Florida

6. FEI Number

27-0074128

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

JERRY M. MARTIN JR

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

6531 NE 22ND CT

Suite, Apt. #, Etc.

City

Ocala

State

FL

Zip Code

34479

☒ A \$100 reinstatement fee is imposed, except in circumstances which the entity did not receive the prior notices. By checking this box, you are certifying the prior notices were not received and requesting the \$100 reinstatement be waived.

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

Jerry M. Martin Jr

REGISTERED AGENT MUST SIGN

Date

3/6/08

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	Martin, Jerry M. Jr.	6531 NE 22nd Ct.	Ocala, FL 34479

REINSTATEMENT

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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

Jerry M. Martin Jr

Date

3/6/08

Daytime Phone #

Typed or printed name of signing Managing Member/Manager