

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

LIMITED LIABILITY
COMPANY
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED
S E C R E T A R Y O F S T A T E
05 DEC -7 AM 9:47

DOCUMENT # L0300005205

1. Limited Liability Company's Name
BENTLEY + SON PAINTING LLC
54094 VONTZ CIRCLE
CALLAHAN FL 32011

2. Principal Office Address
54094 VONTZ CIR

3. Mailing Office Address
SAME

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State
CALLAHAN FL

City & State

Zip
32011

Zip

Country
USA

Country

CR2E041 (8/05)

4. State/Country of Formation
USA

5. Date Organized or Qualified
To Do Business in Florida

12-12-2003

6. FEI Number

20-0480024

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

RALEIGH M. WILCOX, CPA, PA

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

13500 SUTTON PARK DR S

400061992R14

Suite, Apt. #, Etc.

SUITE 703

12/07/05-01041--013 **\$200.00

City

JACKSONVILLE

State

FL

Zip Code

32224

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

Raleigh M. Wilcox

REGISTERED AGENT MUST SIGN

Date 12-5-05

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 |
|--------|-----------------------------------|--|--------------------|
| MGRM | BENTLEY, JAMES A | 54094 VONTZ CIR | CALLAHAN FL 32011 |
| MGR | BENTLEY, BRAD | 37842 POOLE RD | HILLIARD FL 32046 |
| | | | |
| | | REINSTATEMENT 04-05 | |
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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

James A. Bentley

Date 12-5-05

Daytime Phone # 904-223-9556

Typed or printed name of signing Managing Member/Manager

JAMES A. BENTLEY