

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

LIMITED LIABILITY
COMPANY
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # L03000052841

1. Limited Liability Company's Name

CUSTOM CONCRETE COATING, PCL, LLC

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

112 BAY MEADOW DR

Suite, Apt. #, etc.

3. Mailing Office Address

Suite, Apt. #, etc.

City & State

LYNN HAVEN

City & State

FL

Zip

32444

Country

USA

Zip

Country

4. State/Country of Formation

FLA / USA

5. Date Organized or Qualified
To Do Business in Florida

12-15-2003

6. FEI Number

64-0965531

☐ 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

PAUL E. LAINHART

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

112 BAY MEADOW DR

Suite, Apt. #, Etc.

City

LYNN HAVEN

State

FL

Zip Code

32444

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

Paul E. Lainhart

REGISTERED AGENT MUST SIGN

Date 5-5-2011

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	PAUL E LAINHART	112 BAY MEADOW DR	LYNN HAVEN, FL 32444
MGR	CHRISTOPHER LAINHART	6512 AMMONS LN	YOUNGSTOWN, FL 32466

REINSTATEMENT

11. E-mail Address: IMANQUE927@CS.COM

(To be used for future annual report notifications)

12. 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

Paul E. Lainhart

Date 5-5-2011

Daytime Phone #

850-265-5522

Typed or printed name of signing Managing Member/Manager