

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

LIMITED LIABILITY  
COMPANY  
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE  
Secretary of State  
DIVISION OF CORPORATIONS

FILED

11 SEP -2 AM 10:25

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

500211725695  
09/02/11--01005--015 \*\*516.25  
CR2E041 (1/11)

DOCUMENT # L03000052983

1. Limited Liability Company's Name

O.K. Painting LLC

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

3030 Hawthorne St.

Suite, Apt. #, etc.

3. Mailing Office Address

Same

Suite, Apt. #, etc.

City & State

Sarasota, FL

Zip

34239

Country

U.S.A.

City & State

11

Zip

11

Country

11

4. State/Country of Formation

FL, U.S.A.

5. Date Organized or Qualified  
To Do Business in Florida

12-8-03

6. FEI Number

06-1701367

☒ 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

Ordean Krause

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

3030 Hawthorne Street

Suite, Apt. #, Etc.

City

Sarasota

State

FL

Zip Code

34239

E-mail Address:

catonsk@gmail.com  
(To be used for future annual report notices)

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

Ordean Krause

Date 8-29-11

REGISTERED AGENT MUST SIGN

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	Ordean Krause	3030 Hawthorne St.	Sarasota, FL 34239

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. I am aware that false information submitted in a document to the Department of State constitutes a third degree felony as provided for in s.817.155, F.S.

Signature of Managing  
Member/Manager

Ordean Krause

Date

8-29-11

Daytime Phone #

(941) 302-0341

Typed or printed name of signing Managing Member/Manager

Ordean Krause