


# 2005 LIMITED LIABILITY COMPANY REINSTATEMENT

DOCUMENT # L03000054308		
1. Entity Name DALTON & SON PAINTING LLC		

Principal Place of Business 612 N. WEKIVA SPRINGS ROAD APOPKA, FL 32712	Mailing Address 612 N. WEKIVA SPRINGS ROAD APOPKA, FL 32712
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2. Principal Place of Business <i>Mobil</i>		3. Mailing Address <i>612 N. Wekiva Springs</i>	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State <i>Apopka FL</i>		City & State <i>Apopka FL</i>	
Zip <i>32712</i>	Country <i>U.S.A.</i>	Zip <i>32712</i>	Country <i>U.S.A.</i>

6. Name and Address of Current Registered Agent DALTON, GREGORY J 612 N. WEKIVA SPRINGS ROAD APOPKA, FL 32712	
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**FILED**

2005 OCT 17 PM 2: 06

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA



10072005 REIN-LLC CR2E101 (6/04)

4. FEI Number 43-2035847	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input checked="" type="checkbox"/> \$5.00 Additional Fee Required	

7. Name and Address of New Registered Agent	
Name	
Street Address (P.O. Box Number is Not Acceptable)	
City	
FL	Zip Code

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.	
SIGNATURE <i>Gregory J. Dalton</i>	DATE <i>10/13/05</i>

FILE NOW!!! FEE IS \$50.00 After January 1, 2006, Fee will be \$100.00	In accordance with s. 607.193(2)(b), F.S., the limited liability company did not receive the prior notice.	Make check payable to Florida Department of State
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9. MANAGING MEMBERS/MANAGERS		10. ADDITIONS/CHANGES	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR DALTON, GREGORY J 612 N WEKIVA SPRINGS ROAD APOPKA, FL 32712 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

11. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am a managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.	
SIGNATURE: <i>Gregory J. Dalton</i>	DATE: <i>10/13/05</i>
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE	

**REINSTATEMENT**

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10/17/05--01073--007 \*\*165.00

*407-468-2644*