

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

9-16-05

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

07 JAN 10 AM 9:19

**LIMITED LIABILITY
COMPANY
REINSTATEMENT**



**FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS**

DOCUMENT # **L03000054640**

1. Limited Liability Company's Name

Scott Oliver Painting LLC

2. Principal Office Address

1204 NE 42nd Street

Suite, Apt. #, etc.

3. Mailing Office Address

1204 NE 42nd Street

Suite, Apt. #, etc.

City & State

Ocala Florida

City & State

Ocala Florida

Zip

34479

Country

Marion

Zip

34479

Country

Marion

CR2E041 (8/05)

4. State/Country of Formation

Florida USA

5. Date Organized or Qualified
To Do Business in Florida

01/01/2004

6. FEI Number

450530153

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

Johnston, Scott O

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

1204 NE 42nd Street

Suite, Apt. #, Etc.

City

Ocala Florida

State

FL

Zip Code

34479

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

Scott O. Johnston

REGISTERED AGENT MUST SIGN

Date 01/08/2007

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	Johnston, Scott O.	1204 NE 42nd Street	Ocala, Florida 34479
			400085019894 01/18/07--01039--022 **155.00
			05-07

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

Scott O. Johnston

Date 01/08/2007

Daytime Phone # 352-878-8587

Typed or printed name of signing Managing Member/Manager Scott O. Johnston

01-08-2007

To Whom it may concern

I Scott O. Johnston did not receive my
annual report and LLC Reinstatement
information by mail because I
failed to put in a change of address
when I got remarried. Our
correct address is

Scott O. Johnston
1204 N.E. 42nd Street
OCALA, FL 34479

Thank You



dBa Scott Oliver Painting LLC
Marion Co. Fl.