

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

LIMITED LIABILITY  
COMPANY  
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE  
Secretary of State  
DIVISION OF CORPORATIONS

FILED

10 JAN 11 AM 9:00

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # **L03000054881**

1. Limited Liability Company's Name

JASON TURNER PAINTING, LLC

07

W09-54664

CR2E041 (10/08)

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

2716 ELOISE ST

Suite, Apt. #, etc.

3. Mailing Office Address

2716 ELOISE STREET

Suite, Apt. #, etc.

4. State/Country of Formation

5. Date Organized or Qualified  
To Do Business in Florida

6. FEI Number  
59-3128514

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  
TURNER, JASON G

Street Address (P.O. Box Number is Not Acceptable)  
2716 ELOISE ST

Suite, Apt. #, Etc.

City  
SARASOTA

State  
FL

Zip Code  
34231

☐ A \$100 reinstatement fee is imposed, except  
in circumstances which the entity did not  
receive the prior notices. By checking this  
box, you are certifying the prior notices were  
not received and requesting the \$100  
reinstatement be waived.

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

*Jason Turner*

REGISTERED AGENT MUST SIGN

Date **12-30-09**

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	TURNER, JASON G	2716 ELOISE ST	SARASOTA, FL 34231
MGR	ERIK ADANK		SARASOTA, FL 34231
	<i>ERIK Adank</i>	<i>2716 Eloise ST</i>	<i>500163631735</i> <i>12/15/09-01041-013 **516.25</i>
<b>REINSTATEMENT 2007, 08 &amp; 2009</b> <i>nc 1/11/09</i>			

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

*Jason Turner*

Date **12-10-09**

Daytime Phone # **941-323-4867**

Typed or printed name of signing Managing Member/Manager

*Jason Turner*