

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

LIMITED LIABILITY  
COMPANY  
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE  
Secretary of State  
DIVISION OF CORPORATIONS

DOCUMENT # L03000055374

1. Limited Liability Company's Name

Better Painting LLC

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

2887 Notre Dame Ave

Suite, Apt. #, etc.

City & State

Melbourne FL

Zip

32935

Country

Brevard

3. Mailing Office Address

2887 Notre Dame Ave

Suite, Apt. #, etc.

City & State

Melbourne FL

Zip

32935

Country

Brevard

4. State/Country of Formation

FL/USA

5. Date Organized or Qualified

To Do Business in Florida 05-07

6. FEI Number

592809243

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

Jack Nelson

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

2887 Notre Dame Ave

Suite, Apt. #, Etc.

City

Melbourne

State

FL

Zip Code

32935

☒ 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

REGISTERED AGENT MUST SIGN

Date

SEP 25 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
Member Owner	JACK NELSON	2887 Notre Dame Ave	Melbourne FL 32935
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—	—	—	—
—	—	—	—
—	—	—	—
—	—	—	—

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

Date

SEP 29 09

Daytime Phone #

321-693-1979

Typed or printed name of signing Managing Member/Manager

FILED

2009 OCT 14 PM 2:30

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

CR2E041 (10/08)

REINSTATEMENT

08-09 AL