

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**LIMITED LIABILITY
COMPANY
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

07 DEC -6 AM 11:36

DOCUMENT # L03000055855

1. Limited Liability Company's Name

Quality First Painting & Pressure Washing

CR2E041 (1/07)

2. Principal Office Address - No P.O. Box #
1155 Wycliffe Street

3. Mailing Office Address
P.O. Box 391532

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State
Deltona, FL

City & State
Deltona, FL

Zip
32725

Country
Usa

Zip
32739

Country
Usa

4. State/Country of Formation

FL/US

5. Date Organized or Qualified
To Do Business in Florida 12/03

6. FEI Number
010804065

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
Greg Anglade

Street Address (P.O. Box Number is Not Acceptable)
1155 Wycliffe Street

Suite, Apt. #, Etc.

City
Deltona

State
FL

Zip Code
32725

☒ 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

Greg Anglade

REGISTERED AGENT MUST SIGN

Date 12-4-07

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
Mr	Greg Anglade	1155 Wycliffe Street	deltona/FL/32725
REINSTATEMENT 2006-2007			
500112897795 12/06/07--01005--021 **100.00			

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

Greg Anglade

Date 12-4-07

Daytime Phone # 386-216-3677

Typed or printed name of signing Managing Member/Manager

12/4/07

Quality First Painting & Pressure Washing

To Whom it may concern, I did not receive the proper notification of annual report. If there is any way possible can you please waive the reinstatement fee.

A handwritten signature in cursive script that reads "Greg Anglade". The signature is written in black ink and is positioned above the printed name.

Greg Anglade