

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**LIMITED LIABILITY
COMPANY
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # L03000056408

1. Limited Liability Company's Name

Ruben Hoskins Painting, LLC

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

1408 Wilmont Avenue

Suite, Apt. #, etc.

City & State

Panama City, FL

Zip

32401-1357

Country

USA

3. Mailing Office Address

1408 Wilmont Avenue

Suite, Apt. #, etc.

City & State

Panama City

Zip

32401-1357

Country

USA

4. State/Country of Formation

Florida

5. Date Organized or Qualified
To Do Business in Florida

December 2003

6. FEI Number

43-2031279

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
1408 Wilmont Avenue

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

Suite, Apt. #, Etc.

City
Panama City, FL

State
FL

Zip Code
32401-1357

☐ 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

Ruben Hoskins

Date **5-7-07**

REGISTERED AGENT MUST SIGN

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
MGRM	RUBEN HOSKINS	1408 Wilmont Avenue	Panama City, FL 32401-1357

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

Ruben Hoskins

Date **5-7-07**

Daytime Phone# **850-763-8735**

Typed or printed name of signing Managing Member/Manager

Ruben Hoskins

FILED

2007 MAY 10 AM 10:23

**SECRETARY OF STATE
TALLAHASSEE, FLORIDA**

CR2E041 (1/07)

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05/18/07--01007--010 **300.00

REINSTATEMENT 04-07