

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**LIMITED LIABILITY  
COMPANY  
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE  
Secretary of State  
DIVISION OF CORPORATIONS

**FILED**

13 JAN 29 PM 12:21

SECRETARY OF STATE  
TALLAHASSEE FLORIDA

DOCUMENT # 603000057091 ST:FI

1. Limited Liability Company's Name

Winchester Paint & Stucco LLC  
605 West 2nd St.  
Carrabelle, FL 32322

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

3. Mailing Office Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. State/Country of Formation

FL US

5. Date Organized or Qualified  
To Do Business in Florida

12/30/2003

6. FEI Number

06-1207677

☐ 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

Robert Winchester

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

605 W 2nd St

Suite, Apt. #, Etc.

City

Carrabelle FL 32322

State

FL

Zip Code

32322

100244138811

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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

[Signature]

Date

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
MGR	Robert Winchester	605 W 2nd St	Carrabelle, FL 32322

**S. HAWKES**

JAN - 2013

**EXAMINER**

11. E-mail Address charleew@peoplepc.com

(To be used for future annual report notifications)

12. I certify that I am a 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. I am aware that false information submitted in a document to the Department of State constitutes a third degree felony as provided for in s.817.155, F.S.

Signature of

Managing Member/Manager

[Signature]

Date

01/29/13

Daytime Phone #

Typed or printed name of signing Managing Member/Manager