

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

LIMITED LIABILITY
COMPANY
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # **L03000057112**

1. Limited Liability Company's Name

A. H. Painting, LLC

2. Principal Office Address

7929 Laffit Drive

Suite, Apt. #, etc.

City & State

Jacksonville FL

Zip **32216**

Country

US

3. Mailing Office Address

SAME

Suite, Apt. #, etc.

City & State

Zip

Country

4. State/Country of Formation

Florida

5. Date Organized or Qualified
To Do Business In Florida

12/21/2003

6. FEI Number

Applied For

☒ Not Applicable

7.

CERTIFICATE OF STATUS DESIRED ☒

\$5.00 Additional Fee required
for a Certificate of Status

CR2E041 (8/05)

FILED
06 NOV -2 AM 9:49
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

8. Name and Address of Current Registered Agent

Name

Ahmet Haxhija

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

7929 Laffit Drive

Suite, Apt. #, Etc.

City

JACKSONVILLE

State

FL

Zip Code

32216

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

Ahmet Haxhija

REGISTERED AGENT MUST SIGN

Date **10-30-06**

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
mbr	Ahmet Haxhija	7929 Laffit Drive	JACKSONVILLE FL 32216

REINSTATEMENT 2005, 2006

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

Ahmet Haxhija

Date **10-30-06**

Daytime Phone # **904 662 4716**

Typed or printed name of signing Managing Member/Manager

Ahmet Haxhija