

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**LIMITED LIABILITY  
COMPANY  
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE  
Secretary of State  
DIVISION OF CORPORATIONS

DOCUMENT #

U03000057112

1. Limited Liability Company's Name

A.H. Painting, LLC

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

Suite, Apt. #, etc.

7929 Laffitt Dr

City & State

JAX FL

Zip

32217

Country

USA

3. Mailing Office Address

Suite, Apt. #, etc.

City & State

Zip

Country

**8. Name and Address of Current Registered Agent**

Name

Ahmet Haxhija

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

7929 Laffitt Dr.

Suite, Apt. #, Etc.

Jacksonville, FL

City

State

FL

Zip Code

32217

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

**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	Ahmet Haxhija	7929 Laffitt Dr.	Jax, FL 32217

REINSTATEMENT

11. E-mail Address:

(To be used for future annual report notifications)

12. 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

6-04-10

Daytime Phone #

904 322 3742

Typed or printed name of signing Managing Member/Manager

FILED

2010 JUN -8 AM 10:51

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

600181767396  
06/07/10--01055--005 \*\*500.00

CR2E041 (05/10)

4. State/Country of Formation

FL / Duval

5. Date Organized or Qualified To Do Business in Florida

6. FEI Number

Applied For

Not Applicable

7. CERTIFICATE OF STATUS DESIRED ☒

\$5.00 Additional Fee required for a Certificate of Status

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