

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

LIMITED LIABILITY COMPANY REINSTATEMENT



FLORIDA DEPARTMENT OF STATE  
Secretary of State  
DIVISION OF CORPORATIONS

FILED

08 JAN 29 PM 1:18

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

CR2E041 (12/07)

DOCUMENT # L04000001138

1. Limited Liability Company's Name

Ready and Able Painting LLC

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

9403 SW 132 Street

Suite, Apt. #, etc.

City & State

Archer, FL

Zip

32618

Country

USA

3. Mailing Office Address

9403 SW 132 Street

Suite, Apt. #, etc.

City & State

Archer, FL

Zip

32618

Country

USA

4. State/Country of Formation

Florida, USA

5. Date Organized or Qualified To Do Business in Florida

01/05/2004

6. FEI Number

200574995

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

Mark Cesare

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

9403 SW 132 Street

Suite, Apt. #, Etc.

City

Archer

State

FL

Zip Code

32618

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

Mark Cesare

REGISTERED AGENT MUST SIGN

Date

1/2/2008

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
<u>Pres</u> <u>mgrm</u>	<u>Mark Cesare</u>	<u>9403 SW 132 Street</u>	<u>Archer, FL 32618</u>
			<u>600114245816</u> <u>01/08/08--01007--001 **382.50</u>
	<u>Bill</u>		<u>600114245816</u> <u>01/23/08--01031--001 **133.75</u>
	<u>REINSTATEMENT 06-08</u>		

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 608.408, 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

Mark Cesare

Date

1/2/2008

Daytime Phone #

352-214-6108

Typed or printed name of signing Managing Member/Manager

Mark Cesare