


PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

LIMITED LIABILITY COMPANY REINSTATEMENT		 FLORIDA DEPARTMENT OF STATE Secretary of State DIVISION OF CORPORATIONS	
DOCUMENT # L040000001305			
1. Limited Liability Company's Name Mark Clark Painting+Construction, LLC			
2. Principal Office Address - No P.O. Box # 460 Audie Clark Rd Suite, Apt. #, etc.		3. Mailing Office Address Same Suite, Apt. #, etc.	
City & State Quincy, FL		City & State "	
Zip 32351	Country USA	Zip "	Country "
4. State/Country of Formation FL		5. Date Organized or Qualified To Do Business in Florida 01/07/04	
6. FEI Number 01107		Applied For <input checked="" type="checkbox"/> Not Applicable	
7. CERTIFICATE OF STATUS DESIRED <input type="checkbox"/> \$5.00 Additional Fee required for a Certificate of Status			
8. Name and Address of Current Registered Agent Name Mark A. Clark Street Address (P.O. Box Number is Not Acceptable) 460 Audie Clark Rd. Suite, Apt. #, Etc. City Quincy		State FL Zip Code 32351	
<input checked="" type="checkbox"/> 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 x Mark A. Clark Date 02/16/07 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
Office mgr.	Jeanett Murray	460 Audie Clark Rd.	Quincy, FL 32351
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REINSTATEMENT 06.07			
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 Jeanett Murray		Date 02/16/07	Daytime Phone # (850) 933-3378
Typed or printed name of signing Managing Member/Manager Jeanett Murray			

February 16, 2007

I, Mark A. Clark, have not received any notices regarding my LLC annual reports. My current address is 460 Audie Clark Road Quincy, FL 32351. Please update your records with my current address to avoid any future discrepancies.

Sincerely,

A handwritten signature in black ink that reads "Mark A. Clark". The signature is written in a cursive style with a large, stylized "M" and "C".

Mark A. Clark, Owner
Clark Construction, LLC