

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**LIMITED LIABILITY  
COMPANY  
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE  
Secretary of State  
DIVISION OF CORPORATIONS

**FILED**

09 OCT 15 PM 4:01

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

CR2E041 (10/08)

**DOCUMENT # L04000002333**

**1. Limited Liability Company's Name**

**Raymond Riendeau Painting, LLC**

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

**442 Wyoming Ave**

Suite, Apt. #, etc.

**City & State**

**Saint Cloud, FL**

**Zip**

**34769**

**Country**

**Osceola**

**3. Mailing Office Address**

**442 Wyoming Ave**

Suite, Apt. #, etc.

**City & State**

**Saint Cloud, FL**

**Zip**

**34769**

**Country**

**Osceola**

**4. State/Country of Formation**

**Florida**

**5. Date Organized or Qualified**

**To Do Business in Florida 01/09/04**

**6. FEI Number**

**20-0580357**

**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**

**Nancy Riendeau**

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

**442 Wyoming Ave**

Suite, Apt. #, Etc.

**City**

**Saint Cloud**

**State**

**FL**

**Zip Code**

**34769**

☒ 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**

*Nancy Riendeau*

**REGISTERED AGENT MUST SIGN**

**Date 2/16/09**

**10. Names and Street Addresses of Managing Members/Managers**

<b>Titles</b>	<b>Name of Managing Members/Managers</b>	<b>Street Address of Each Managing Member/Manager</b>	<b>City / State / Zip</b>
<b>MGR</b>	<b>Raymond Riendeau, Sr.</b>	<b>442 Wyoming Ave</b>	<b>Saint Cloud, FL 34769</b>
			100160549661 10/15/09--01050--010 **277.50
			100160549661 09/10/09--01038--002 **138.75

**REINSTATEMENT 10-09**

*DB*

**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**

*Raymond A. Riendeau*

**Date 2/16/09**

**Daytime Phone # 407 288-2802**

**Typed or printed name of signing Managing Member/Manager** **Raymond Riendeau, Sr.**



FLORIDA DEPARTMENT OF STATE  
Division of Corporations

September 16, 2009

RAYMOND RIENDEAU PAINTING, LLC  
442 WYOMING AVE  
ST CLOUD, FL 34769

SUBJECT: RAYMOND RIENDEAU PAINTING, LLC  
Ref. Number: L04000002333

We have received your document for RAYMOND RIENDEAU PAINTING, LLC and your check(s) totaling \$138.75. However, the enclosed document has not been filed and is being returned for the following correction(s):

The fees to reinstate the limited liability company are as follows: \$100.00 reinstatement fee; \$138.75 filing fee per year for the years 2007 through 2009; and \$5.00 for each certificate of status requested (optional). Therefore, the total amount due at this time is \$416.25.

There is a balance due of \$277.50.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6984.

Deborah Bruce  
Regulatory Specialist II

Letter Number: 609A00030489