

2006 LIMITED LIABILITY COMPANY REINSTATEMENT

FILED

06 FEB -1 PM 1:55

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # L04000003523 1. Entity Name J & D'S PAINTING & CONSTRUCTION LLC			
Principal Place of Business 297 25TH AVE. APALACHICOLA, FL 32320		Mailing Address 297 25TH AVE. APALACHICOLA, FL 32320	
2. Principal Place of Business 297 25th Ave		3. Mailing Address 297 25th Ave	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State Apalachicola FLA		City & State Apalachicola, FLA	
Zip 32320		Zip 32320	
Country Franklin		Country Franklin	
4. FEI Number 14-1893965		Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/> \$5.00 Additional Fee Required		01252006 REIN-LLC CR2E101 (11/05)	
6. Name and Address of Current Registered Agent BURKETT, JIMMIE L SR 297 25TH AVE. APALACHICOLA, FL 32320		7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code	
8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent. SIGNATURE <u><i>Jimmie L. Burkett</i></u> DATE <u>1-28-06</u> <small>(Signature, typed or printed name of registered agent and title if applicable) (NOTE: Registered Agent signature required when reinstating)</small>			
FILE NOW!!! FEE IS \$100.00		In accordance with s. 607.193(2)(b), F.S., the limited liability company did not receive the prior notice.	
Make check payable to Florida Department of State		9. MANAGING MEMBERS/MANAGERS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM BURKETT, JIMMIE L SR 297 25TH AVE. APALACHICOLA, FL 32320	10. ADDITIONS/CHANGES	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM BURKETT, DENISE J 297 25TH AVE. APALACHICOLA, FL 32320	TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM Burkett Jimmie L Apalachicola, FLA 32320 900065832329 02/14/06--01034--027 **100.00
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11. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am a managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.			
SIGNATURE: <u><i>Jimmie L. Burkett</i></u>		Date <u>1-28-06</u> Daytime Phone #	

REINSTATEMENT

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