

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**LIMITED LIABILITY  
COMPANY  
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE  
Secretary of State  
DIVISION OF CORPORATIONS

**FILED**

2009 JAN 12 PM 1:18

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

**DOCUMENT # L04000004285**

1. Limited Liability Company's Name

**Prestige Painting Specialists LLC**

CR2E041 (10/08)

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

67 Perry Lane

Suite, Apt. #, etc.

City & State

Deltona, Florida

Zip

32725

Country

3. Mailing Office Address

67 Perry Lane

Suite, Apt. #, etc.

City & State

Deltona, Florida

Zip

32725

Country

4. State/Country of Formation

Florida

5. Date Organized or Qualified

To Do Business in Florida 1-16-04

6. FEI Number

593778648

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

Robert L Gordon

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

67 Perry Lane

Suite, Apt. #, Etc.

City

Deltona

State

FL

Zip Code

32725

☐ 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

*Robert L Gordon*

REGISTERED AGENT MUST SIGN

Date 1-06-09

**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	Robert L Gordon	67 Perry Lane	Deltona, Florida 32725
MGRM	James J Mills	124 Lake Shore Drive	Altamonte Springs, Florida 32714

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**REINSTATEMENT-08-09**

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

*Robert L Gordon*

Date 1-6-09

Daytime Phone # 407-474-6975

Typed or printed name of signing Managing Member/Manager

Robert L Gordon

*CL*