


2009 LIMITED LIABILITY COMPANY REINSTATEMENT

DOCUMENT # L04000006393	
1. Entity Name RAYBORN'S CUSTOM COATINGS, L.L.C.	

Principal Place of Business 7898 PRESERVATION ROAD TALLAHASSEE, FL 32312	Mailing Address 7898 PRESERVATION ROAD TALLAHASSEE, FL 32312
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2. Principal Place of Business - No P.O. Box # 2818 Lake Shore DR Suite, Apt. #, etc.	3. Mailing Address 2818 Lake Shore DR Suite, Apt. #, etc.
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City & State Tall FL	City & State Tall FL
Zip 32312	Zip 32312
Country Leon	Country Leon

6. Name and Address of Current Registered Agent RAYBORN, STEVE G 7898 PRESERVATION ROAD TALLAHASSEE, FL 32312	7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) 2818 Lake Shore DR City Tall FL Zip Code 12
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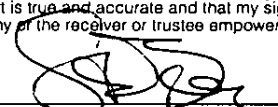
8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

SIGNATURE  (NOTE: Registered Agent signature required when reinstating) DATE

FILE NOW!!! FEE IS \$277.50	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
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9. MANAGING MEMBERS/MANAGERS		10. ADDITIONS/CHANGES	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM RAYBORN, STEVE G 7898 PRESERVATION ROAD TALLAHASSEE, FL 32312 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	2818 Lake Shore DR. Tallahassee FL 32312 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	800158736338 07/21/09--01017--002 **277.50 <input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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:  DATE 7-21-09 DAYTIME PHONE #

FILED

09 JUL 21 AM 10:16

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



07212009 REIN-LLC CR2E101 (1/07)

4. FEI Number 56-2433714 Applied For Not Applicable

5. Certificate of Status Desired ☐ \$5.00 Additional Fee Required

REINSTATEMENT

08-09
Cust