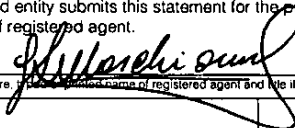


2005 LIMITED LIABILITY COMPANY REINSTATEMENT

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

05 OCT 31 AM 9:34

DOCUMENT # L04000006623 1. Entity Name MARCHIONNI PAINTING & CONSTRUCTION LLC					
Principal Place of Business 8013 RIDGE WAY ORLANDO, FL 32817			Mailing Address 1825 CATAWBA CIR. APT. B KISSIMMEE, FL 34741		
2. Principal Place of Business 8013 RIDGE WAY Suite, Apt. #, etc.		3. Mailing Address 8013 RIDGE WAY Suite, Apt. #, etc.			
City & State ORLANDO FL. Zip 32817		City & State ORLANDO FL. Zip 32817		4. FEI Number 20-2554597	
Country USA		Country USA		5. Certificate of Status Desired ☒ \$5.00 Additional Fee Required	
6. Name and Address of Current Registered Agent MARCHIONNI, GABRIEL A 1825 CATAWBA CIR. APT. B KISSIMMEE, FL 34741				7. Name and Address of New Registered Agent Name MARCHIONNI, GABRIEL A. Street Address (P.O. Box Number is Not Acceptable) 8013 RIDGE WAY City ORLANDO FL Zip Code 32817	
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  DATE 10/26/05 Signature of the registered agent and file if applicable. (NOTE: Registered Agent signature required when reinstating)					
FILE NOW!!! FEE IS \$50.00 After January 1, 2006, Fee will be \$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			10. ADDITIONS/CHANGES		
TITLE NAME STREET ADDRESS CITY - ST - ZIP	MGRM- MARCHIONNI, GABRIEL A ☐ Delete 8013 RIDGE WAY ORLANDO, FL 32817		TITLE NAME STREET ADDRESS CITY - ST - ZIP	☐ Change ☐ Addition 800061044028 10/31/05--01045--018 **55.00	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	☐ Delete		TITLE NAME STREET ADDRESS CITY - ST - ZIP	☐ Change ☐ Addition	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	☐ Delete		TITLE NAME STREET ADDRESS CITY - ST - ZIP	☐ Change ☐ Addition	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	☐ Delete		TITLE NAME STREET ADDRESS CITY - ST - ZIP	☐ Change ☐ Addition REINSTATEMENT 2005	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	☐ Delete		TITLE NAME STREET ADDRESS CITY - ST - ZIP	☐ Change ☐ Addition	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	☐ Delete		TITLE NAME STREET ADDRESS CITY - ST - ZIP	☐ Change ☐ Addition	
11. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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: 			10/26/05		407-319-9512
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE			Date		Daytime Phone #