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	Mailing Address
8013 RIDGE WAY ORLANDO, FL 32817	1825 CATAWBA CIR. APT. B KISSIMMEE, FL 34741

10212005 REIN-LLC CR2E101 (6/04)

2. Principal Place of Business	3. Mailing Address
8013 RIDGE WAY	8013 RIDGE WAY
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: ORLANDO FL.	City & State: ORLANDO FL.
Zip: 32817 Country: USA	Zip: 32817 Country: USA

4. FEI Number: 20-2554597 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☒ $5.00 Additional Fee Required

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
MARCHIONNI, GABRIEL A 1825 CATAWBA CIR. APT. B KISSIMMEE, FL 34741	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: [signature] 10/26/05
Signature, if applicable, and printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

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 8013 RIDGE WAY ORLANDO, FL 32817	☐ Delete	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
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TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
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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: [signature] 10/26/05 407-319-9512
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #