PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

LIMITED LIABILITY COMPANY REINSTATEMENT

FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

400252161654
92713 01041 011
CR2E041 (1/11) 655.00

DOCUMENT #

1. Limited Liability Company's Name
L04000010356
CUSTOM PAINT DESIGNS LLC

2. Principal Office Address - No P.O. Box #	3. Mailing Office Address
1607 Backwater Dr.	1607 Backwater Dr.
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: Middleburg, FL	City & State: Middleburg, FL
Zip: 32068 Country: USA	Zip: 32068 Country: USA

4. State/Country of Formation: Florida - USA
5. Date Organized or Qualified To Do Business in Florida: 1980
6. FEI Number: 650509700 ☒ 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: Ron Roberts + Associates
Street Address (P.O. Box Number is Not Acceptable): 2108 Park Avenue
Suite, Apt. #, Etc.: Suite 101 A
City: Orange Park State: FL Zip Code: 32073

655.00 E-mail Address:
(To be used for future annual report notices)

FILED
OCT -4 PM 4:48
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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: Ronald Roberts Date: 9-23-13
REGISTERED AGENT MUST SIGN

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	Charles A. Chiusa	1607 Backwater Dr.	Middleburg, FL 32068
			S. HAWKES
			OCT 4 - 2013
			EXAMINER

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. I am aware that false information submitted in a document to the Department of State constitutes a third degree felony as provided for in s.817.155, F.S.

Signature of Managing Member/Manager: Charles A Chiusa Date: 9/23/13 Daytime Phone #: 904-304-0281

Typed or printed name of signing Managing Member/Manager