


# 2005 LIMITED LIABILITY COMPANY REINSTATEMENT

<b>DOCUMENT # L04000011301</b>		
1. Entity Name OTIS HYDE PAINTING LLC		

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS  
05 NOV -8 AM 9:26

Principal Place of Business 4404 OLA AVE. TAMPA, FL 33603	Mailing Address 4404 OLA AVE. TAMPA, FL 33603
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2. Principal Place of Business 4404 Ola Ave	3. Mailing Address 4404 Ola Ave
Suite, Apt. #, etc.	Suite, Apt. #, etc.



10062005 REIN-LLC CR2E101 (6/04)

City & State Tpa FL 33603	City & State Tpa FL 33603
Zip Hillsborough	Country Hillsborough

4. FEI Number	Applied For <input checked="" type="checkbox"/> Not Applicable
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6. Name and Address of Current Registered Agent  HYDE, OTIS 4404 OLA AVE. TAMPA, FL 33603		7. Name and Address of New Registered Agent  Name  Street Address (P.O. Box Number is Not Acceptable)  City FL Zip Code	
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5. Certificate of Status Desired <input checked="" type="checkbox"/> \$5.00 Additional Fee Required
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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 <i>Otis J Hyde</i> <small>Signature, typed or printed name of registered agent and title if applicable.</small>	DATE 11/01/05 <small>(NOTE: Registered Agent signature required when reinstating)</small>

<b>FILE NOW!!! FEE IS \$50.00</b> <b>After January 1, 2006, Fee will be \$100.00</b>	In accordance with s. 607.193(2)(b), F.S., the limited liability company did not receive the prior notice.	<b>Make check payable to</b> <b>Florida Department of State</b>
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9. MANAGING MEMBERS / MANAGERS		10. ADDITIONS/CHANGES	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR HYDE, OTIS 4404 OLA AVE. TAMPA, FL 33603 <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
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**REINSTATEMENT** 2005

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 606, Florida Statutes.	
SIGNATURE: <i>Otis J Hyde</i> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE</small>	DATE: 11/01/05 Daytime Phone #: 813 416-8185