

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**LIMITED LIABILITY
COMPANY
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
07 OCT 30 PM 2:52

DOCUMENT # L04000012425

1. Limited Liability Company's Name

Spectrum Painting, LLC.

CR2E041 (1/07)

2. Principal Office Address - No P.O. Box #

John S Frey

Suite, Apt. #, etc.

1213 Woodward Cir

City & State

Niceville FL

Zip

32578

Country

Okaloosa

3. Mailing Office Address

John S Frey

Suite, Apt. #, etc.

1213 Woodward Cir

City & State

Niceville FL

Zip

32578

Country

Okaloosa

4. State/Country of Formation

FL Okaloosa

5. Date Organized or Qualified
To Do Business in Florida

2-16-04

6. FEI Number

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

John S Frey

Street Address (P.O. Box Number is Not Acceptable)

1213 Woodward Cir

Suite, Apt. #, Etc.

1213 Woodward Cir

City

Niceville

State

FL

Zip Code

32578

☒ A \$100 reinstatement fee is imposed, except
in circumstances which the entity did not
receive the prior notices. By checking this
box, you are certifying the prior notices were
not received and requesting the \$100
reinstatement be waived.

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

John S Frey

REGISTERED AGENT MUST SIGN

Date 10-5-07

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
MEM	John S Frey	1213 Woodward Cir	Niceville FL 32578

REINSTATEMENT 2007

800111397658
10/25/07--01051--022 **155.00

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.

Signature of
Managing Member/Manager

John S Frey

Date 10-5-07

Daytime Phone #

850-897-0700

Typed or printed name of signing Managing Member/Manager

John S Frey