



# 2006 LIMITED LIABILITY COMPANY REINSTATEMENT

DOCUMENT # L04000013634					
1. Entity Name <b>FRANK'S PAINTING LLC</b>					
Principal Place of Business 219 KENT CT TALLAHASSEE, FL 32305			Mailing Address 219 KENT CT TALLAHASSEE, FL 32305		
2. Principal Place of Business <b>3535 Robert AVE</b> Suite, Apt. #, etc. <b>Lot 260</b> City & State <b>Tallahassee FL</b> Zip <b>32310</b>		3. Mailing Address <b>3535 Robert AVE</b> Suite, Apt. #, etc. <b>Lot 260</b> City & State <b>Tallahassee FL</b> Zip <b>32310</b>		05 	
Country <b>Leon</b>		Country <b>Leon</b>		08082006 REIN-LLC CR2E101 (11/05)	
4. FEI Number <b>57-1199425</b>				Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/> \$5.00 Additional Fee Required					
6. Name and Address of Current Registered Agent  CORDOBA, ANTHONY 219 KENT CT TALLAHASSEE, FL 32305			7. Name and Address of New Registered Agent Name <b>Anthony Cordoba</b> Street Address (P.O. Box Number is Not Acceptable) <b>3535 Robert AVE</b> <b>Lot 260</b> City <b>Tallahassee FL</b> Zip Code <b>32310</b>		
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>Anthony Cordoba</i> <small>Signature, typed or printed name of registered agent and title if applicable.</small>			DATE <b>8/8/06</b> <small>(NOTE: Registered Agent signature required when reinstating)</small>		
<b>FILE NOW!!! FEE IS \$100.00</b>		In accordance with s. 607.193(2)(b), F.S., the limited liability company did not receive the prior notice.		Make check payable to <b>Florida Department of State</b>	
9. MANAGING MEMBERS/MANAGERS			10. ADDITIONS/CHANGES		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM CORDOBA, ANTHONY 219 KENT CT TALLAHASSEE, FL 32305		TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM Anthony Cordoba 3535 Robert AVE Lot 260 Tallahassee FL 32310	
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	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	200078730502 08/15/06--01043--013 **100.00	
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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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	
<div style="text-align: center;"> <b>REINSTATEMENT 2005-2006</b> </div>					
11. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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: <i>Anthony Cordoba</i> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE</small>					
Date _____ Daytime Phone # _____					