


2008 LIMITED LIABILITY COMPANY REINSTATEMENT

DOCUMENT # L04000013634	
1. Entity Name FRANK'S PAINTING LLC	

FILED

08 AUG 25 AM 9:41

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Principal Place of Business 3535 ROBERT AVENUE, LOT 260 TALLAHASSEE, FL 32310	Mailing Address 3535 ROBERT AVENUE, LOT 260 TALLAHASSEE, FL 32310
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2. Principal Place of Business - No P.O. Box # 3535 Robert Avenue Suite, Apt. #, etc. Lot 262	3. Mailing Address 3535 Robert Avenue Suite, Apt. #, etc. Lot 262
City & State Tallahassee, FL	City & State Tallahassee, FL
Zip 32310	Country USA

08222008 REIN-LLC CR2E101 (1/07)

4. FEI Number 57-1199425	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 3535 ROBERT AVENUE, LOT 260 TALLAHASSEE, FL 32310	7. Name and Address of New Registered Agent Name: Anthony Cordoba Street Address (P.O. Box Number is Not Acceptable): 3535 Robert Avenue Lot 262 City: Tallahassee FL Zip Code: 32310
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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: *Anthony Cordoba* 8/25/08
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

FILE NOW!!! FEE IS \$277.50

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 CORDOBA, ANTHONY 3535 ROBERT AVENUE, LOT 260 TALLAHASSEE, FL 32310 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM Cordoba, Anthony 3535 Robert Avenue, Lot 262 Tallahassee, FL 32310 <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	500135022605 08/27/08--01041--006 **277.50 <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
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

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: *Anthony Cordoba* 8/24/08 264-8820 (850)
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #