

# 2009 LIMITED LIABILITY COMPANY REINSTATEMENT

DOCUMENT# L04000014920

FILED  
Nov 10, 2009  
Secretary of State

Entity Name: J.O. 3 PAINT & HANDY SERVICES LLC

**Current Principal Place of Business:**

266 SLEEPY HOLLOW DR  
INTERLACHEN, FL 32148

**New Principal Place of Business:**

**Current Mailing Address:**

P.O. BOX 2301  
INTERLACHEN, FL 32148

**New Mailing Address:**

FEI Number: 06-1718025      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired ( )  
In accordance with s. 607.193(2)(b), F.S., the limited liability company did not receive the prior notice.

**Name and Address of Current Registered Agent:**

**Name and Address of New Registered Agent:**

O'HARA, JOHN W III  
266 SLEEPY HOLLOW DR  
INTERLACHEN, FL 32148      US

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.

SIGNATURE: JOHN O'HARA

Electronic Signature of Registered Agent

Date

**MANAGING MEMBERS/MANAGERS:**

Title: MGR      ( ) Delete  
Name: O'HARA, JOHN W III  
Address: 266 SLEEPY HOLLOW DR  
City-St-Zip: INTERLACHEN, FL 32148

Title: MGR      ( ) Delete  
Name: O'HARA, ROBIN H  
Address: 266 SLEEPY HOLLOW DR  
City-St-Zip: INTERLACHEN, FL 32148

**ADDITIONS/CHANGES:**

Title:      ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title:      ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my electronic 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: JOHN O'HARA

MGR

11/10/2009

Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date