

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**LIMITED LIABILITY
COMPANY
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED

07 MAY 30 PM 1:27

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **L04000015481**

1. Limited Liability Company's Name

K.B. Painting Services LLC

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

830 Viscaya Blvd.

Suite, Apt. #, etc.

3. Mailing Office Address

Suite, Apt. #, etc.

City & State

St. Augustine FL.

City & State

Zip

32086

Country

St. Johns

Zip

Country

4. State Country of Formation

FL.

5. Date Organized or Qualified
To Do Business in Florida

1-1-05

6. FEI Number

Applied For

7. CERTIFICATE OF STATUS DESIRED ☐

\$5.00 Additional Fee required
for a Certificate of Status

8. Name and Address of Current Registered Agent

KARL Bockheim

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

830 Viscaya Blvd.

Suite, Apt. #, Etc.

City

St. Augustine

State

FL

Zip Code

32086

☒ 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.

000103917610

06/05/07--01046--015 **100.00

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

Karl Bockheim

Date **3-1-07**

REGISTERED AGENT MUST SIGN

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 | KARL Bockheim | 830 Viscaya Blvd. | St. Augustine, FL. 32086 |

REINSTATEMENT

000103917610

06/05/07--01046--016 **50.00

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

Karl Bockheim

Date **3-1-07**

Daytime Phone **904-377-8828**

Typed or printed name of signing Managing Member/Manager