



2005 LIMITED LIABILITY COMPANY REINSTATEMENT

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
05 DEC -5 AM 10:30

DOCUMENT # L04000021857 1. Entity Name WESTSIDE PAINTING LLC	
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Principal Place of Business 51 E BROAD STREET WINTER GARDEN, FL 34787	Mailing Address 51 E BROAD STREET WINTER GARDEN, FL 34787
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2. Principal Place of Business	3. Mailing Address	11212005 REIN-LLC CR2E101 (6/04)
Suite, Apt. #, etc.	Suite, Apt. #, etc.	4. FE Number 80-0901372
City & State	City & State	<input checked="" type="checkbox"/> Applied For <input type="checkbox"/> Not Applicable
Zip	Country	5. Certificate of Status Desired <input checked="" type="checkbox"/> \$5.00 Additional Fee Required



11212005 REIN-LLC CR2E101 (6/04)

6. Name and Address of Current Registered Agent BOARDMAN SMITH & ASSOCIATES 1017 E SOUTH STREET SUITE C ORLANDO, FL 32801	7. Name and Address of New Registered Agent Name A. Smith & Associates Street Address (P.O. Box Number is Not Acceptable) 1217 Park Green Place City Winter Park FL 32789
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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 *[Signature]* DATE 11/21/05

Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

FILE NOW!!! FEE IS \$50.00 After January 1, 2006, Fee will be \$100.00	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
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9. MANAGING MEMBERS/MANAGERS		10. ADDITIONS/CHANGES	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR ESPERICUETA, ENRIQUE 51 E BROAD ST WINTER GARDEN, FL 34787	TITLE NAME STREET ADDRESS CITY-ST-ZIP	200061911732 12/05/05--01053--003 **55.00
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11. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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 *[Signature]* DATE 11/21/05 DAYTIME PHONE # 407-905-5225

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

REINSTATEMENT