| PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.   |  |  |   |
|---|--|--|---|
| COMPANY REINSTATEMENT  LIMITED LIABILITY Secretary of State DIVISION OF CORPORATIONS  |  | SECRETARY OF STATE<br>DIVISION OF CORPORATIONS   |   |
| DOCUMENT # LO4000009371   |  | 07 OCT 10 PM 3: 13   |   |
| New Visions Painting LLC  |  |  |   |
| Doc # L04000029371  |  | 200110580372<br>10/10/0701003016 **180.00<br>cr2E041 (1/07)  |   |
| 2. Principal Office Address - No P.O. Box # 8160 17 <sup>+h</sup> Ave   | 3. Mailing Office Address<br>816e 17 <sup>th</sup> Ave   | 4. State/Country of Formation  |   |
| Suite, Apt. #, etc.   | Suite, Apt. #, etc.  |  | zed or Qualified<br>ness in Florida 04-09-2004                              |
| City & State  NSB F1  Zip Country   | New Smyrna Beach, Fl   | 6. FEI Number  | 47-0852 Applied For Not Applicable  |
| 32169 US  | 32169 US   | 7.<br>CERTIFICATE  | OF STATUS DESIRED 55.00 Additional Fee required for a Certificate of Status |
| 8. Name and Address of Current Registered Agent  Name   |  | 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. |   |
| 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  |  |  |   |
| 10. Names and Street Addresses of Managing Members/Managers   |  |  |   |
| Titles Name of Street Addi Managing Members/Managers Managing Me  |  | ager   | City / State / Zip  |
| makin Tasper Mash   | her 816e 17th  | lve  | NSB, F1 32169   |
| meson & travis Mo   | sher 8/6 e 17th)   | Ave  | NSB, F1 32169   |
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| FF #150   |  |  | 2007  |
| L P L   |  | r de   | BLT   |
| 11.1 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 filling 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 real 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 Managing Member/Manager Date 8-3 -07 Daytime Phone # 386-690-6640  |  |  |   |
| Typed or printed name of signing Managing Member/Manager  |  |  |   |