

2007 LIMITED LIABILITY COMPANY REINSTATEMENT

DOCUMENT # L04000032600						<div style="font-size: 2em; font-weight: bold; margin-bottom: 10px;">FILED</div> <div style="font-size: 1.2em;">2007 NOV -6 PM 1:27</div> <div style="font-size: 0.8em;">SECRETARY OF STATE TALLAHASSEE, FLORIDA</div>			
1. Entity Name JAMES BROWN PAINTING LLC				Principal Place of Business 5071 BOXWOOD LANE TALLAHASSEE, FL 32303				Mailing Address 5071 BOXWOOD LANE TALLAHASSEE, FL 32303	
2. Principal Place of Business - No P.O. Box # 5071 Boxwood Ln.		3. Mailing Address 5071 Boxwood Ln		Suite, Apt. #, etc.		Suite, Apt. #, etc.		10232007 REIN-LLC CR2E101 (1/07)	
City & State Tallahassee, Fla.		City & State Tallahassee, Fla.		4. FEI Number 04-3756666		<input type="checkbox"/> Applied For <input type="checkbox"/> Not Applicable		5. Certificate of Status Desired <input type="checkbox"/> \$5.00 Additional Fee Required	
Zip 32303		Country USA		Zip 32303		Country USA		6. Name and Address of Current Registered Agent	
BROWN, JAMES R JR 5071 BOXWOOD LANE TALLAHASSEE, FL 32303				7. Name and Address of New Registered Agent					
Name James R. Brown				Street Address (P.O. Box Number is Not Acceptable) 5071 Boxwood Ln.					
City Tallahassee				FL		Zip Code 32303			
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 <u>James R. Brown</u>				DATE <u>10-30-07</u>					
(NOTE: Registered Agent signature required when reinstating)				FILE NOW!!! FEE IS \$50.00 After January 1, 2008, 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					
9. MANAGING MEMBERS/MANAGERS					10. ADDITIONS/CHANGES				
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM BROWN, JAMES R JR 5071 BOXWOOD LANE TALLAHASSEE, FL 32303				<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	600111560276 11/01/07--01004--004 **\$50.00		
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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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			
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: <u>James R. Brown</u>				DATE <u>10-30-07</u>					
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE				Date		Daytime Phone #			