2008 LIMITED LIABILITY COMPANY REINSTATEMENT

INDIA IN ENTER I									
DOCUMENT # L04000034904					FILED				
1. Entity Nam	e OLITAN PAINTING LLC					9 ti Emme 1	Boss Bar		
WILTKOP	OLITANT AINTINO ELO					08 FEB 28	•		
Principal Plac	e of Business	Mailing Address			, TA	SECRETARY	OF STATE		
3993 COLUMBUS COURT TALLAHASSEE, FL 32303		3993 COLUMBUS COURT Tallahassee, FL 32303			1/4	LLAHASSE	E, FLORIDA		
INCLAMASSE	L, (L 32303	TALLAMASSEE, FL S2303			1 /8841011 8	(s 881+s 648+) BOIII BOIII BOIII			
2, Principal Place of Business - No P.O. Box # 3. Mailing Address									
3330	Agilant Fox Tr	3339 Gallant Fox Tr		r		A COM CIRI DOM POM DOM	######################################	970; in i001	
Suite, Apt.	#, etc.	Suite, Apt. #, etc.			02282008	REIN-LLC	CR2E101 (1/07)		
City & State	e . :-1	City & State			4. FEI Numb	oer	Ap	oplied For	
Tallanasse, H.		Tallanasse IFI.			20-1099560 Not Applicable 5 Codificate of Status Decired				
3230	A Country	32309	Country		5. Certificate	e of Status Desired	Fee Require		
6. Name and Address of Current Registered Agent Name					7. Name and Address of New Registered Agent				
PATE, ADAM					te, Holam				
	UMBUS COURT SSEE, FL 32303		Street A	ddress (P.	.O. Box Numt	per is Not Acceptable))		
3339					Fallan	+ For ti	r.		
			City	alak	INCOC	· · · · · · · · · · · · · · · · · · ·	FL ZinCoo	1º209	
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 2-28-08									
SIGNATURE Signature, hyperd or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE									
FILE NOWIII FEE IS \$277.50 In accordance with s. 607.193(2)(b), F.S liability company did not receive the prior							check payable to Department of Stat	:e	
9.	MANAGING MEMBE	RS/MANAGERS	10.			ADDITIONS/	CHANGES		
TITLE	MGRM PATE, ADAM	☐ Delete	TITLE	mgi	12VM	11	Change -	☐ Addition	
NAME STREET ADDRESS	3993 COLUMBUS COURT		NAME STREET ADDRESS	12330	a Gall	m ant FOXT	<i>V</i> .		
CITY-ST-ZIP	TALLAHASSEE, FL 32303		CITY-ST-ZIP	Tally	Masse	≥e į ‡l.	<u> 37504 </u>		
TITLE NAME		☐ Delete	TITLE NAME	MEL	ICVVI Mans:	Phillip	☐ Change	Addition	
STREET ADDRESS			STREET ADDRESS	333	9 Gall	ant FOXT	r.		
CITY-ST-ZIP		-	CITY-ST-ZIP	fall	anusse	<u> </u>	2369		
TITLE NAME		☐ Delete	TITLE NAME		17717	70110E	Change	Addition	
STREET ADDRESS			STREET ADDRESS		03/706	/08-t-didig=	47259 -018 **277.	50	
ÇATY-ST-ZIP TITLE		☐ Delete	CITY-ST-ZIP		•		Change	Addition	
NAME		C Delete	NAME			•	Change	Addition	
STREET ADDRESS CITY-\$1-ZIP			STREET ADDRESS CITY-ST-ZIP						
TITLE		☐ Delete	TITLE	<i>E</i> 70	Carrier over	SOLD TO ENGINEER	Change	Addition	
NAME			NAME		in and the	TATEW	ENT/	1_/10	
STREET ADDRESS CITY-ST-ZIP			STREET ADDRESS CITY-ST-ZIP			⊃ ~ a ≈ cista k ii	SERVICE IN THE SERVIC	<u> </u>	
TITLE		☐ Delete	TITLE	-			☐ Change	Addition	
NAME STREET ADDRESS		,	NAME						
STREET ADDRESS CITY-ST-ZIP			STREET ADDRESS CITY-ST-ZIP					ļ	
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: 2-28-08 445-8537									
	SIGNATURE AND TYPED OR PRINTED NAME OF	RIGNING MANAGING MEMBER MANAG	GER OR AUTHORIZE	N REPRESEN	TATIVE	Date	Daytime Phone #		