

2008 LIMITED LIABILITY COMPANY REINSTATEMENT

FILED

08 FEB 28 AM 10:57

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



02282008 REIN-LLC CR2E101 (1/07)

| | |
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| DOCUMENT # L04000034904 1. Entity Name METROPOLITAN PAINTING LLC | |
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|---|---|
| Principal Place of Business 3993 COLUMBUS COURT TALLAHASSEE, FL 32303 | Mailing Address 3993 COLUMBUS COURT TALLAHASSEE, FL 32303 |
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| 2. Principal Place of Business - No P.O. Box # 3339 Gallant Fox Tr Suite, Apt. #, etc. | 3. Mailing Address 3339 Gallant Fox Tr Suite, Apt. #, etc. |
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| City & State Tallahassee, FL | City & State Tallahassee, FL |
| Zip 32309 | Zip 32309 |

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|---|---|
| 4. FEI Number 20-1099560 | <input type="checkbox"/> Applied For <input type="checkbox"/> Not Applicable |
| 5. Certificate of Status Desired <input type="checkbox"/> \$5.00 Additional Fee Required | |

6. Name and Address of Current Registered Agent

PATE, ADAM
3993 COLUMBUS COURT
TALLAHASSEE, FL 32303

7. Name and Address of New Registered Agent

Name: **Pate, Adam**
 Street Address (P.O. Box Number is Not Acceptable):
3339 Gallant Fox Tr.
 City: **Tallahassee** FL Zip Code: **32309**

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: 2-28-08
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

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| FILE NOW!!! FEE IS \$277.50 | 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 | | <input type="checkbox"/> Delete |
|--|--|---------------------------------|
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | MGRM PATE, ADAM 3993 COLUMBUS COURT TALLAHASSEE, FL 32303 | <input type="checkbox"/> |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | | <input type="checkbox"/> |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | | <input type="checkbox"/> |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | | <input type="checkbox"/> |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | | <input type="checkbox"/> |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | | <input type="checkbox"/> |

| 10. ADDITIONS/CHANGES | | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
|--|---|---|
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | MGRM Pate, Adam 3339 Gallant FOX Tr. Tallahassee, FL. 32309 | <input checked="" type="checkbox"/> |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | MGRM Stephens, Phillip 3339 Gallant FOX Tr. Tallahassee, FL. 32309 | <input type="checkbox"/> <input checked="" type="checkbox"/> |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | 900119547259 03/06/08--01013--018 **277.50 | <input type="checkbox"/> <input type="checkbox"/> |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | REINSTATEMENT | <input type="checkbox"/> <input type="checkbox"/> |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | | <input type="checkbox"/> <input type="checkbox"/> |

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 SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #