

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**LIMITED LIABILITY  
COMPANY  
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE  
Secretary of State  
DIVISION OF CORPORATIONS

**FILED**

2007 MAR 27 AM 9:18

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # L04000037527

1. Limited Liability Company's Name

Z M Painting LLC

2. Principal Office Address - No P.O. Box #

4302 Drexel Ave

Suite, Apt. #, etc.

3. Mailing Office Address

4302 Drexel Ave

Suite, Apt. #, etc.

City & State

Orlando FL

City & State

Orlando FL

Zip

32808

Country

USA

Zip

32808

Country

USA

4. State/Country of Formation

Orlando Florida USA

5. Date Organized or Qualified  
To Do Business in Florida

6. FEI Number

57-1205899

Applied For

Not Applicable

7. CERTIFICATE OF STATUS DESIRED ☐

\$5.00 Additional Fee required  
for a Certificate of Status

8. Name and Address of Current Registered Agent

Name

Z M Painting LLC Bibi Mohamed

Street Address (P.O. Box Number is Not Acceptable)

4302 Drexel Ave

Suite, Apt. #, etc.

City

Orlando

State

FL

Zip Code

32808

☒ 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

Bibi Mohamed

Bibi Mohamed

REGISTERED AGENT MUST SIGN

Date

02/18/07

10. Names and Street Addresses of Managing Members/Managers

Titles	Name of Managing Members/Managers	Street Address of Each Managing Member/Manager	City State Zip
CEO	Zamin Mohamed	4302 Drexel Ave	Orlando, FL 32808

500055803125  
04/04/07--01935--011 \*\*100.00

06-07

11. I 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 filing 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 all 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

Zamin Mohamed

Date

02/18/2007

Daytime Phone #

321-303 4733

Typed or printed name of signing Managing Member/Manager