PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM FILED LIMITED LIABILITY 🖄 FLORIDA DEPARTMENT OF STATE COMPANY Secretary of State 09 JUN -3 PM 3: 20 REINSTATEMENT DIVISION OF CORPORATIONS SECRETARY OF STATE FALLAHASSEE. FLORIDA DOCUMENT # L04000037544 1. Limited Liability Company's Name EARL ADAMS PAINTING LLC ÷ CR2E041 (10/08) 2. Principal Office Address - No P.O. Box # 3. Malling Office Address 932 BARBER RD 3033 STI LLWELL 4. State/Country of Formation **FLORIDA** Suite, Apt. #, etc. Suite, Apt. #, etc. 5. Date Organized or Qualified To Do Business in Florida 05/18/04 City & State City & State 6. FEI Number Applied For HAVANA, FL CRESTVIEW, FL Not Applicable Zin Country Country CERTIFICATE OF STATUS DESIRED \$5.00 Additional Fee required 32333 **OKALOOSA** 32539 for a Certificate of Status 8. Name and Address of Current Registered Agent A \$100 reinstatement fee is imposed, except EARL W. ADAMS in circumstances which the entity did not Street Address (P.O. Box Number is Not Acceptable) receive the prior notices. By checking this 932 BARBER RD box, you are certifying the prior notices were Suite, Apt. #, Etc. not received and requesting the \$100 reinstatement be waived. Zip Code HAVANA 32333 9. It being appointed the registered agent of the above named limited liability company, am/amiliar with and accept the obligations of Chapter 608, F.S. 3-2-09 Signature of Registered Agent 10. Names and Street Addresses of Managing Members/Managers Name of Managing Members/Managers Street Address of Each Managing Member/Manager Titles City / State / Zip 932 BARBER RD HAVANA, FL 32333 MGR EARL W. ADAMS **200145063032** 03/05/09--01037--006 **238.75 200145069092 06704709--01030--010 **416.25 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. -2-09 Daytime Phone # 850 - 158 - 58 48 Signature of Managing Member/Manager Typed or printed name of signing Managing Member/Manager



FILED

FLORIDA DEPARTMENT OF STATE

Division of Corporations

SECRETARY OF STATE

SECRETARY OF STATE TALLAHASSEE, FLORIDA

March 11, 2009

EARL ADAMS PAINTING, LLC 3033 STILLWELL CRESTVIEW, FL 32539

SUBJECT: EARL ADAMS PAINTING, LLC

Ref. Number: L04000037544

We have received your document for EARL ADAMS PAINTING, LLC and your check(s) totaling \$238.75. However, the enclosed document has not been filed and is being returned for the following correction(s):

The fees to reinstate the limited liability company are as follows: \$100.00 reinstatement fee; \$138.75 filing fee per year for the years 2006 through 2009; and \$5.00 for each certificate of status requested (optional). Therefore, the total amount due at this time is \$655.00.

We need an additional check for \$416.25

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6043.

Joey Bryan Regulatory Specialist II

Letter Number: 909A00008326