


PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

LIMITED LIABILITY COMPANY REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Secretary of State.
DIVISION OF CORPORATIONS

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

07 JAN 26 AM 9:27

DOCUMENT # **LD4000638509**

1. Limited Liability Company's Name:
JC'S Painting and Wallpaper LLC

300086821729
01/31/07 - 01049-004 **150.00

CR2E041 (8/05)

2. Principal Office Address 103 Winchester Lane		3. Mailing Office Address P.O. Box 1371	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State Haines City Fla		City & State Haines City Fla	
Zip 33844	Country USA	Zip 33845	Country USA

4. State/Country of Formation FLA USA	
5. Date Organized or Qualified To Do Business in Florida 05/20/2004	
6. FEI Number 251910012	Applied For <input type="checkbox"/> Not Applicable
7. CERTIFICATE OF STATUS DESIRED <input type="checkbox"/> \$5.00 Additional Fee required for a Certificate of Status	

8. Name and Address of Current Registered Agent

Name: **Jacob Charles**

Street Address (P.O. Box Number is Not Acceptable):
103 Winchester Lane

Suite, Apt. #, Etc.

City: **Haines City Fla** Zip Code: **33844**

State: **FL**

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: **Jacob Charles** Date: **1/23/07** *JCS*

REGISTERED AGENT MUST SIGN

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
MGR	Jacob Charles	103 Winchester Lane	Haines City Fla 33844

REINSTATEMENT 05-07

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: **Jacob Charles** Date: **1/23/07** Daytime Phone: **863 557-5089**

Typed or printed name of signing Managing Member/Manager: **Jacob Charles**

Jan. 22, 2007

To whom it may concern:

I did not receive my request for my 2004, 2005, and 2006 reports. So I am sending \$150 to be reinstated.

Jacob Charles