


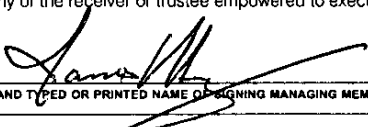


# 2006 LIMITED LIABILITY COMPANY REINSTATEMENT

|  |  |  |  |   |  |  |  |
|--|--|--|--|---|--|--|--|
| DOCUMENT # L04000043317  |  |  |  |    |  | <b>FILED</b><br>2006 JUL 11 PM 12:40<br>DIVISION OF CORPORATIONS<br>TALLAHASSEE, FLORIDA |  |
| 1. Entity Name<br><b>WET PAINT LLC</b>   |  |  |  |   |  |  |  |
| Principal Place of Business<br><b>2804 DUFFTON LOOP<br/>TALLAHASSEE, FL 32303</b>  |  | Mailing Address<br><b>2804 DUFFTON LOOP<br/>TALLAHASSEE, FL 32303</b>                                      |  |   |  |  |  |
| 2. Principal Place of Business<br><b>1558 Yancey St</b><br><small>Suite, Apt. #, etc.</small>  |  | 3. Mailing Address<br><b>1558 Yancey St</b><br><small>Suite, Apt. #, etc.</small>                          |  |   |  |  |  |
| City & State<br><b>Tallahassee FL</b>  |  | City & State<br><b>Tallahassee FL</b>  |  | 4. FEI Number<br><b>571206477</b>   |  | <input type="checkbox"/> Applied For<br><input type="checkbox"/> Not Applicable          |  |
| Zip<br><b>32303</b>  |  | Country<br><b>Leon</b>   |  | Zip<br><b>32303</b>   |  | Country<br><b>Leon</b>   |  |
| 6. Name and Address of Current Registered Agent<br><br><b>VADEN, JON<br/>2804 DUFFTON LOOP<br/>TALLAHASSEE, FL 32303</b>   |  |  |  | 7. Name and Address of New Registered Agent<br>Name <b>James Hay</b><br>Street Address (P.O. Box Number is Not Acceptable)<br><b>1558 Yancey St</b><br><b>Tallahassee FL 32303</b><br>City <b>FL</b> Zip Code |  |  |  |
| 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.<br>SIGNATURE  DATE _____<br><small>Signature typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>     |  |  |  |   |  |  |  |
| <b>FILE NOW!!! FEE IS \$100.00</b>   |  | In accordance with s. 607.193(2)(b), F.S., the limited liability company did not receive the prior notice. |  | <b>Make check payable to<br/>Florida Department of State</b>  |  |  |  |
| 9. MANAGING MEMBERS/MANAGERS   |  |  |  | 10. ADDITIONS/CHANGES   |  |  |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP   | MGRM<br>HAY, JAMES<br>1558 YANCEY ST<br>TALLAHASSEE, FL 32303<br><input type="checkbox"/> Delete               |  |  | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP  | 000077522230<br>07/14/06--01033--018 **100.00<br><input type="checkbox"/> Change <input type="checkbox"/> Addition |  |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP   | MGRM<br>VADEN, JON<br>2804 DUFFTON LOOP<br>TALLAHASSEE, FL 32303<br><input checked="" type="checkbox"/> Delete |  |  | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP  | <input type="checkbox"/> Change <input type="checkbox"/> Addition  |  |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP   | <input type="checkbox"/> Delete  |  |  | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP  | <input type="checkbox"/> Change <input type="checkbox"/> Addition  |  |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP   | <input type="checkbox"/> Delete  |  |  | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP  | <input type="checkbox"/> Change <input type="checkbox"/> Addition  |  |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP   | <input type="checkbox"/> Delete  |  |  | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP  | <input type="checkbox"/> Change <input type="checkbox"/> Addition  |  |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP   | <input type="checkbox"/> Delete  |  |  | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP  | <input type="checkbox"/> Change <input type="checkbox"/> Addition  |  |  |
| 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:    |  |  |  |   |  |  |  |
| SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE  |  |  |  | Date  |  | Daytime Phone #  |  |