

2005 LIMITED LIABILITY COMPANY REINSTATEMENT

DOCUMENT # L04000043358					
1. Entity Name 24 HOUR PAINTING, LLC					
Principal Place of Business 2120 US 1 SOUTH, SUITE 115 ST. AUGUSTINE, FL 32086			Mailing Address P.O. BOX 3862 ST. AUGUSTINE, FL 32085		
2. Principal Place of Business		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.		10162005 REIN-LLC CR2E101 (6/04)	
City & State		City & State		4. FEI Number 043793317	
Zip		Country		5. Certificate of Status Desired <input type="checkbox"/> \$5.00 Additional Fee Required	
6. Name and Address of Current Registered Agent				7. Name and Address of New Registered Agent	
ALBERT, ELLEN 2120 US 1 SOUTH, SUITE 115 ST. AUGUSTINE, FL 32086				Name Street Address (P.O. Box Number is Not Acceptable) City	
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.				FL Zip Code	
SIGNATURE:				DATE: 10/23/05	
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)				Make check payable to Florida Department of State	
FILE NOW!!! FEE IS \$150.00 After January 1, 2006, Fee will be \$200.00				Make check payable to Florida Department of State	
9. MANAGING MEMBERS/MANAGERS			10. ADDITIONS/CHANGES		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM ALBERT, ELLEN 2120 US 1 SOUTH, SUITE 115 ST. AUGUSTINE, FL 32086		TITLE NAME STREET ADDRESS CITY-ST-ZIP	300060920083 10/25/05--01049--001 **150.00	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM HEIMBOLD, DAVID P 2120 US 1 SOUTH, SUITE 115 ST. AUGUSTINE, FL 32086		TITLE NAME STREET ADDRESS CITY-ST-ZIP	REINSTATEMENT 2005	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM HEIMBOLD, DAVID P 2120 US 1 SOUTH, SUITE 115 ST. AUGUSTINE, FL 32086		TITLE NAME STREET ADDRESS CITY-ST-ZIP	REINSTATEMENT 2005	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM HEIMBOLD, DAVID P 2120 US 1 SOUTH, SUITE 115 ST. AUGUSTINE, FL 32086		TITLE NAME STREET ADDRESS CITY-ST-ZIP	REINSTATEMENT 2005	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM HEIMBOLD, DAVID P 2120 US 1 SOUTH, SUITE 115 ST. AUGUSTINE, FL 32086		TITLE NAME STREET ADDRESS CITY-ST-ZIP	REINSTATEMENT 2005	
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11. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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:				Date: 10/23/05 (904) 553-7312	
Signature and typed or printed name of signing managing member, manager, or authorized representative				Date Daytime Phone #	