

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

SECRETARY OF STATE
DIVISION OF CORPORATIONS

06 SEP 28 AM 11:14

**LIMITED LIABILITY
COMPANY
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # ~~L040000045348~~

1. Limited Liability Company's Name L04000045348
C & D Painting of Walton County, LLC

300080264539
09/28/06--01043--007 **200.00

CR2E041 (8/05)

2. Principal Office Address 937 Denton Blvd		3. Mailing Office Address 937 Denton Blvd	
Suite, Apt. #, etc. 12		Suite, Apt. #, etc. 12	
City & State Ft. Walton Beach, FL		City & State Ft. Walton Beach, FL	
Zip 32547	Country US	Zip 32547	Country US

4. State/Country of Formation Florida/US	
5. Date Organized or Qualified To Do Business in Florida June 16, 2004	
6. FEI Number 20-1254918	Applied For <input type="checkbox"/> Not Applicable <input type="checkbox"/>
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
Brad Congleton CPA, Inc.

Street Address (P.O. Box Number is Not Acceptable)
50 Uptown Grayton Circle

Suite, Apt. #, Etc.
15

City
Santa Rosa Beach

State Zip Code
FL 32459

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 _____

Date _____

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
MGRM	Jorge Cordero	937 Denton Blvd. #12	Ft. Walton Beach, FL 32547
MGR	Esthela Lopez	937 Denton Blvd #12	Ft. Walton Beach FL 32547

REINSTATEMENT 05-06

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 _____

Date 9/19/06 Daytime Phone # _____

Typed or printed name of signing Managing Member/Manager Jorge Cordero