


2006 LIMITED LIABILITY COMPANY REINSTATEMENT

DOCUMENT # L04000046586	
1. Entity Name KEATON GOREAU PAINTING LLC	

FILED

06 SEP -8 PM 12:33

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Principal Place of Business 1000 W BELLAMY DR QUINCY, FL 32351	Mailing Address 1000 W BELLAMY DR QUINCY, FL 32351
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2. Principal Place of Business 2348 LARVE CT. Suite, Apt. #, etc. APT. A	3. Mailing Address 2348 LARVE CT. Suite, Apt. #, etc. APT. A
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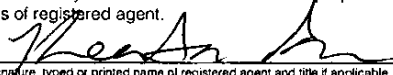
City & State Tallahassee FL	City & State Tallahassee FL
Zip 32303	Country USA
Zip 32351	Country USA



09082006 REIN-LLC CR2E101 (11/05)

4. FEI Number	Applied For <input checked="" type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$5.00 Additional Fee Required
6. Name and Address of Current Registered Agent GOREAU, KEATON 1000 W BELLAMY DR QUINCY, FL 32351	
7. Name and Address of New Registered Agent Name: KEATON GOREAU, KEATON Street Address (P.O. Box Number is Not Acceptable) 2348 LARVE CT. APT. A City: Tallahassee FL Zip Code: 32303	

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.

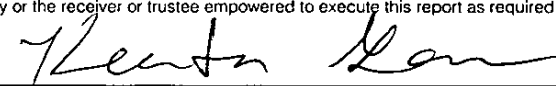
SIGNATURE:  DATE: 9/8/06

(NOTE: Registered Agent signature required when reinstating)

FILE NOW!!! FEE IS \$100.00	In accordance with s. 607.193(2)(b), F.S., the limited liability company did not receive the prior notice.	Make check payable to Florida Department of State
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9. MANAGING MEMBERS/MANAGERS		10. ADDITIONS/CHANGES	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM GOREAU, KEATON 1000 W BELLAMY DR QUINCY, FL 32351 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM GOREAU, KEATON 2348 LARVE CT. APT. A Tallahassee FL 32303 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	000079727300 09/12/06--01058--025 **100.00 <input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS 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:  DATE: 9/8/06 850 694 0113

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #