

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**LIMITED LIABILITY
COMPANY
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FLORIDA
SECRETARY OF STATE
DIVISION OF CORPORATIONS

DOCUMENT # L04000062005

1. Limited Liability Company's Name

Young's Painting, LLC

07 JUL 20 PM 3:36

CR2E041 (1/07)

2. Principal Office Address - No P.O. Box #

92 Carolynn Lane

Suite, Apt. #, etc.

3. Mailing Office Address

92 Carolynn Lane

Suite, Apt. #, etc.

City & State

Santa Rosa Beach

City & State

Santa Rosa Beach

Zip

32459

Country

USA

Zip

32459

Country

USA

4. State/Country of Formation

Florida USA

5. Date Organized or Qualified
To Do Business in Florida

08/23/2004

6. FEI Number

20-1519734

Applied For

Not Applicable

7. CERTIFICATE OF STATUS DESIRED ☐

\$5.00 Additional Fee required
for a Certificate of Status

8. Name and Address of Current Registered Agent

Name

Juliana C. Dorsey

Street Address (P.O. Box Number is Not Acceptable)

114 Logan Lane

Suite, Apt. #, Etc.

B

City

Santa Rosa Beach

State

FL

Zip Code

32459

☒ A \$100 reinstatement fee is imposed, except in circumstances which the entity did not receive the prior notices. By checking this box, you are certifying the prior notices were not received and requesting the \$100 reinstatement be waived.

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

Juliana C. Dorsey

REGISTERED AGENT MUST SIGN

Date

7/17/07

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	Young C. Sanders	92 Carolynn Lane	Santa Rosa Beach, FL 32459
			300106642713 07/24/07 01054 003 **150.00
			REINSTATEMENT 2005 - 2007

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 *Young C Sanders*

Date

7/17/07

Daytime Phone #

850 267 2263

Typed or printed name of signing Managing Member/Manager

Young C Sanders, Managing Member