


2006 LIMITED LIABILITY COMPANY REINSTATEMENT

FILED

06 NOV 16 PM 12:54

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # L04000064083 1. Entity Name B & R PAINTS LLC					
Principal Place of Business 4005 ROBERTS RD TALLAHASSEE, FL 32301			Mailing Address 4005 ROBERTS RD TALLAHASSEE, FL 32301		
2. Principal Place of Business 2241 W. Pensacola St		3. Mailing Address Suite, Apt. #, etc. Same			
City & State Tallahassee FL		City & State Same		11162006 REIN-LLC CR2E101 (11/05)	
Zip 32304		Country		4. FEI Number <input type="checkbox"/> 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 RUFFIN, BERNARD 4005 ROBERTS RD TALLAHASSEE, FL 32301			7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) 2241 W. Pensacola St Apt 72 City Tallahassee FL Zip Code 32304		
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 _____ (NOTE: Registered Agent signature required when reinstating) _____ DATE _____					
FILE NOW!!! FEE IS \$50.00 After January 1, 2007, Fee will be \$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	
9. MANAGING MEMBERS/MANAGERS			10. ADDITIONS/CHANGES		
TITLE NAME STREET ADDRESS CITY - ST - ZIP	MGRM RUFFIN, BERNARD 4005 ROBERTS RD TALLAHASSEE, FL 32301		TITLE NAME STREET ADDRESS CITY - ST - ZIP	2241 W. Pensacola St Apt 72 Tallahassee FL 32304	
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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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: X <i>Bernard Ruffin</i>					
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE _____ Date _____ Daytime Phone # _____					