

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**LIMITED LIABILITY
COMPANY
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED

10 JAN 29 AM 11:10

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

300167526823
01/29/10--01009--011 **277.50

CR2E041 (11/09)

DOCUMENT # L04000064478

1. Limited Liability Company's Name

William R Sutton Painting LLC

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

7906 McClure Dr.

Suite, Apt. #, etc.

3. Mailing Office Address

Same

Suite, Apt. #, etc.

City & State

Tallahassee, FL

City & State

Zip

32312

Country

US

Zip

Country

4. State/Country of Formation

5. Date Organized or Qualified
To Do Business in Florida

8-31-2004

6. FEI Number

03-0549731

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

William R Sutton

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

7906 McClure Dr.

Suite, Apt. #, Etc.

City

Tallahassee

State

FL

Zip Code

32312

☒ 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

William R Sutton

Date 1-29-10

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
MEM	William R. Sutton	7906 McClure Dr	Tallahassee, FL 32312

REINSTATEMENT - 09-10

11. E-mail Address. n/a

(To be used for future annual report notifications)

12. 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

William R Sutton

Date 1-29-10

Daytime Phone #

Typed or printed name of signing Managing Member/Manager

C.S.