PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

COMPANY REINSTATEMENT DOCUMENT # LO 400006 4 4 78 1. United Liability Company's Name William R Sutton Painting 2. Principal Office Address - No P.O. Box # 7906 MC Lure A. Sulte, Apr. #, etc. Sulte, Apr. #, etc. Cry & State Cry & S	LIMITED LIABILITY FLORIDA DEPARTMENT OF STATE	FILED
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Store Address Country Store Address Country To Certificate of Status Status Certificate of Status		6. FEI Number Applied For
8. Name and Address of Current Registered Agent Name William & Sutton Street Address (P.O. Box Number is Not Acceptable) Suite, Apt. 4, Etc. City Tallahassee FL 323/2 9. 1. being appointed the registered agent of the above named linsted liability company, am familiar with and accept the obligations of Chapter 608, F.S. Signature of Registered Agent Registered Agent Registered Agent Resistances (P.O. Box Number is Not Acceptable) Titles Name of Clay State Zip Code FL 323/2 9. 1. being appointed the registered agent of the above named linsted liability company, am familiar with and accept the obligations of Chapter 608, F.S. Signature of Registered Agent Re		
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A STOLL LEISTATEMENT — 49 — 10 It is 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. Signature of Registered Agent REGISTERED AGENT MUST SIGN 10. Names and Street Addresses of Managing Members/Managers Titles Managing Members Managers Titles REGISTERED AGENT MUST SIGN 10. Names and Street Addresses of Managing Members/Managers Titles REGISTERED AGENT MUST SIGN 10. Names and Street Addresses of Managing Members/Managers Titles REGISTERED AGENT MUST SIGN 10. Names and Street Addresses of Managing Members/Managers Titles REGISTERED AGENT MUST SIGN 10. Names and Street Addresses of Managing Members/Managers Titles REGISTERED AGENT MUST SIGN 10. Names and Street Addresses of Managing Members/Managers Titles REGISTERED AGENT MUST SIGN 10. Names and Street Addresses of Managing Members/Managers Titles REGISTERED AGENT MUST SIGN 10. Names and Street Addresses of Managing Members/Managers Titles Managing Members/Manager Titles REGISTERED AGENT MUST SIGN 10. Names and Street Address of Each Managing Members/Manager Titles REGISTERED AGENT MUST SIGN 10. Names and Street Addresses of Managing Members/Manager Titles REGISTERED AGENT MUST SIGN 10. Names and Street Address of Each Managing Members/Manager Titles REGISTERED AGENT MUST SIGN REGISTERED AGENT MUST SIGN To be used for future annual region floatications) 11. E-mail Address Titles Title		·
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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 eliginated, 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		
Signature of Manager		