

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

07 JAN 17 PM 2:37

**LIMITED LIABILITY
COMPANY
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # **L04000064960**

1. Limited Liability Company's Name

Kirk Jackson Painting LLC

CR2E041 (8/05)

2. Principal Office Address 971 Burnt Leaf Lane		3. Mailing Office Address	
Suite, Apt. #, etc. Block B Lot 3		Suite, Apt. #, etc.	
City & State Tallahassee Florida		City & State	
Zip 32310	Country Leon	Zip	Country

4. State/Country of Formation	
5. Date Organized or Qualified To Do Business in Florida	
6. FEI Number 83-0422492	Applied For <input type="checkbox"/> Not Applicable <input type="checkbox"/>
7. CERTIFICATE OF STATUS DESIRED <input checked="" type="checkbox"/> \$5.00 Additional Fee required for a Certificate of Status	

8. Name and Address of Current Registered Agent

Name Kirk Jackson	
Street Address (P.O. Box Number is Not Acceptable) 971 Burnt Leaf Lane	
Suite, Apt. #, Etc. Block B Lot 3	
City Tallahassee	State FL
	Zip Code 32310

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

Kirk Jackson

REGISTERED AGENT MUST SIGN

Date

1/10/07

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
mgrm	Kirk Jackson	971 Burnt Leaf Ln Block B Lot 3	Tallahassee FL 32310
			900084747949
			01/18/07-01003-002 **150.00
		05/07	

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

Kirk Jackson

Date **1-10-07**

Daytime Phone # **850-322-8916**

Typed or printed name of signing Managing Member/Manager

JS

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Kirk Jackson Painting, LLC
971 Burnt Leaf Lane Lot 2
Tallahassee, Florida

FILED
SECRETARY OF STATE
TALLAHASSEE, FLORIDA
07 JAN 17 PM 2:37

January 8, 2007

Florida Department of State
Secretary of State
Division of Corporations
2661 Executive Center Circle
Tallahassee, Florida 32301

RE: Annual Reporting Reinstatement

To Whom It May Concern:

This letter is to request reinstatement of my company Kirk Jackson Painting LLC.

Please note that I did not receive my ²⁰⁰⁵ registration in the mail for Annual Reporting.

Sincerely,

Kirk Jackson

