

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**LIMITED LIABILITY
COMPANY
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # L04000076114

1. Limited Liability Company's Name

JOHN BISPHAM PAINTING, LLC

2. Principal Office Address

1420 NW Turner Avenue

Suite, Apt. #, etc.

City & State

Lake City, Florida

Zip

32055

Country

US

3. Mailing Office Address

2109 Highway 90 West

Suite, Apt. #, etc.

Suite 170-309

City & State

Lake City, Florida

Zip

32055

Country

US

CR2E041 (8/05)

4. State/Country of Formation

Florida/US

5. Date Organized or Qualified
To Do Business in Florida

10/20/04

6. FEI Number

20-1792290

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

John M. Bispham, Sr.

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

230 SW TANAGER CT.

Suite, Apt. #, Etc.

City

FORT WHITE

State

FL

Zip Code

32038

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

John M. Bispham Sr.

REGISTERED AGENT MUST SIGN

Date

12-28-06

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 | John M. Bispham, Sr. | 230 SW Tanager Court | Fort White, Florida 32038 |
| MGRM | John M. Bispham, Jr. | 1420 NW Turner Avenue | Lake City, Florida 32055 |
| MGRM | Shawn P. Reid | 498 SE Sharon Lane | Lake City, Florida 32025 |
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01/08/07--01007--025 **105.00

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

John M. Bispham Sr.

Date 12-21-06

Daytime Phone# 386-623-9897

Typed or printed name of signing Managing Member/Manager

John M. Bispham, Sr.

12-28-06

I JOHN M Bispham Did NOT Receive
The Annual Report Notice For 2005.

John M Bispham
12-28-06