PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

COMPANY REINSTATEMENT COMPANY Secretary of State Division of Corporations								DIVISION OF CORPORATIONS 06 OCT -9 AM 10: 00					
	JMENT #	L040008	31839										
1. Limited Liability Company's Name DENNIS APPIARIUS PAINTING, LLC													
Principal Office Address 3. Mailing Office Address									CR2E041	(8/05)			
					REST RD) <u>.</u>		try of For	mation				
Suite, Apt. #, etc. Suite, Apt. #,				etc.			5. Date Organized or Qualified To Do Business in Florida 11/11/2004						
City & State SOUTHPORT, FL City & State SOUT				HPORT, FL							Арр	ied For Applicable	
^{Zip} 32409	409 BAY		^{Zip} 32409		Country BAY		7. CERTIFICATE OF STATUS DESIRED					ee required	
8. Name and Address of Current Registered Agent													
	DENNIS M. APPIARIUS												
	Street Address (P.O. Box Number is Not Acceptable) 7119 BAYCREST RD.												
	Suite, Apt. #, Etc.							10/10/0601009015 **100.00					
	SÖUTHP		State FL	32409			·						
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													
10. Name	s and Street Address	ses of Managing Mem	bers/Managers										
Titles	Name of Managing Members/Managers			Street Address of Each Managing Member/Manager				City / State / Zip					
MGRM	DENNIS M	S 7119 BAYCREST RD.			RD.		SOUTHPORT, FL 32409						
										<u>-</u>			
					<u></u>	1			<u>ing</u>	05	-00	0	
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 filling this reinstatement application the reason for dissolution has been eliminated, the limited flability 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 Date 09/18/2006 Daytime Phone#													
Typed or printed name of signing Managing Member/Manager ENNIS M. APPIARIUS													

<u>Dennis App</u>iarius Painting, LLC

7119 Baycrest Rd., Southport, Fl 32409

(850) 532-4689

September 20, 2006

Florida Department of State Division of Corporations Registration Section PO Box 6327 Tallahassee, Fl 32314

Re: Dennis Appiarius Painting, LLC

To Whom it May Concern:

Per our conversation with your office today, we are sending our reinstatement form and fees for my company to be reinstated as active.

I did not received my renewal reminders in the mail and did not know I needed to renew every year.

Please accept the reinstatement without the late fees and I will make sure that my company is renewed in a timely manner in the future.

Thank you for your help in this matter.

Respectfully,

Dennis Appiarius /