

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

LIMITED LIABILITY
COMPANY
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

10 JUL 29 AM 9:47

DOCUMENT # L05000001225

1. Limited Liability Company's Name

GARLIN PAINTING LLC

000183754850
07/28/10--01024--006 **655.00

CR2E041 (05/10)

2. Principal Office Address - No P.O. Box #
3159 ASH HARBOR DR E

Suite, Apt. #, etc.

3. Mailing Office Address
3159 ASH HARBOR DR E

Suite, Apt. #, etc.

City & State
JACKSONVILLE, FL

Zip Country
32224-5656 US

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JACKSONVILLE, FL

Zip Country
32224-5656 US

4. State/Country of Formation
FLORIDA, US

5. Date Organized or Qualified
To Do Business in Florida 01/05/2005

6. FEI Number
20-2101291

☐ 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
AA ACCOUNTING & TAX SOLUTIONS LLC

Street Address (P.O. Box Number is Not Acceptable)
10752 DEERWOOD PARK BLVD S.

Suite, Apt. #, Etc.
SUITE 100

City State Zip Code
JACKSONVILLE FL 32256

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

REGISTERED AGENT MUST SIGN

Date 06/24/2010

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	GARLIN G LIZAMA-ACOSTA	3159 ASH HARBOR DR E	JACKSONVILLE, FL 32224

REINSTATEMENT 2007-2010

11. E-mail Address: ANDINO@MYNEWACCOUNTANT.COM

(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

Date 6/24/2010

Daytime Phone # 904-208-3183

Typed or printed name of signing Managing Member/Manager GARLIN G LIZAMA-ACOSTA