

# L05000005914

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**LIMITED LIABILITY  
COMPANY  
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE  
Secretary of State  
DIVISION OF CORPORATIONS

RECEIVED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS

10 MAY 17 AM 9:40

DOCUMENT # L05000005914

1. Limited Liability Company's Name

Island Painting & Pressure Cleaning, LLC

04

900180984439  
05/17/10--01005--029 \*\*377.50

CR2E041 (11/09)

2. Principal Office Address - No P.O. Box #

33 Buttonwood Drive

Suite, Apt. #, etc.

3. Mailing Office Address

same

Suite, Apt. #, etc.

City & State

Key Largo, FL

Zip

33037

Country

USA

City & State

Zip

Country

4. State/Country of Formation

FLORIDA / USA

5. Date Organized or Qualified  
To Do Business in Florida

6. FEI Number

76-0777268

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

GAIL GALANTY

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

116 Atlantic Drive

Suite, Apt. #, Etc.

City

Key Largo

State

FL

Zip Code

33037

☐ A \$100 reinstatement fee is imposed, except in 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.

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

Gail Galanty

REGISTERED AGENT MUST SIGN

Date 5/14/10

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
MEM.	Everest Baptiste, SR.	33 Buttonwood Drive	Key Largo, FL 33037

REINSTATEMENT 2009-2010

11. E-mail Address

(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

Everest Baptiste

Date 5/14/10

Daytime Phone # 305-451-1610

Typed or printed name of signing Managing Member/Manager

Everest Baptiste