



2007 LIMITED LIABILITY COMPANY REINSTATEMENT

DOCUMENT # L05000011921 1. Entity Name WILEY PAINTING LLC						FILED 07 MAY -8 PM 1:18 SECRETARY OF STATE TALLAHASSEE, FLORIDA	
Principal Place of Business 216 HICKORY ST APT A FT WALTON BEACH, FL 32548-3824				Mailing Address 216 HICKORY ST APT A FT WALTON BEACH, FL 32548-3824			
2. Principal Place of Business - No P.O. Box # 4011 E. Columbus St		3. Mailing Address 4011 E. Columbus St					
Suite, Apt. #, etc. 209		Suite, Apt. #, etc. 209					
City & State Tampa, FL		City & State Tampa, FL					
Zip 33605		Country Hillsborough		Zip 33605		Country Hillsborough	
6. Name and Address of Current Registered Agent WILEY, ROBERT 216 HICKORY ST APT A FT WALTON BEACH, FL 32548-3824				4. FEI Number 161715823			
5. Certificate of Status Desired <input checked="" type="checkbox"/> \$5.00 Additional Fee Required				7. Name and Address of New Registered Agent Name Robert Wiley Street Address (P.O. Box Number is Not Acceptable) 4011 E. Columbus St City Tampa FL Zip Code 33605			
8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent. SIGNATURE Robert Wiley DATE 5-7-07 <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>							
FILE NOW!!! FEE IS \$100.00		In accordance with s. 607.193(2)(b), F.S., the limited liability company did not receive the prior notice.			Make check payable to Florida Department of State		
9. MANAGING MEMBERS/MANAGERS				10. ADDITIONS/CHANGES			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM WILEY, ROBERT 216 HICKORY ST APT A FT WALTON BEACH, FL 325483824			TITLE NAME STREET ADDRESS CITY-ST-ZIP	owner-mgrm Robert Wiley 4011 E. Columbus St Tampa, FL 33605		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete			TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
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11. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am a managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.							
SIGNATURE: Robert Wiley				DATE: 5-7-07			
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE				DAYTIME PHONE #			