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
2012 OCT 23 AM 10:55

CR2E041 (1/11)

DOCUMENT # L05000023043

1. Limited Liability Company's Name

David Kenmore Painting, LLC

2. Principal Office Address - No P.O. Box #	3. Mailing Office Address
5409 Davisson Avenue	5409 Davisson Avenue
Suite, Apt. #, etc.: N/A	Suite, Apt. #, etc.: N/A
City & State: Orlando, Florida	City & State: Orlando, Florida
Zip: 32810 Country: Orange	Zip: 32810 Country: Orange

4. State/Country of Formation: Florida/Orange

5. Date Organized or Qualified To Do Business in Florida: 3/08/2005

6. FEI Number: 202484925 ☐ 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: David Kenmore

Street Address (P.O. Box Number is Not Acceptable): 5409 Davisson Avenue

Suite, Apt. #, Etc.: N/A

City: Orlando State: FL Zip Code: 32810

E-mail Address:

600241099146
10/23/12--01020--014 **377.50

(To be used for future annual report notices)

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 David Kenmore Date Oct. 15, 2012

REGISTERED AGENT MUST SIGN

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
Mgr	David Kenmore	5409 Davisson Avenue	Orlando, FL 32810
	REINSTATEMENT-2011-2012		

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. I am aware that false information submitted in a document to the Department of State constitutes a third degree felony as provided for in s.817.155, F.S.

Signature of Managing Member/Manager David Kenmore Date Oct. 15, 2012 Daytime Phone # 407-256-5885

Typed or printed name of signing Managing Member/Manager

C S