

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

07 OCT 30 AM 10:06

DOCUMENT # **L050000324126**

1. Limited Liability Company's Name

ADAM'S J PAINTING LLC

500111488195
10/30/07--01003--012 **170.00
CR2E041 (1/07)

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

3931 Pepper Pl

Suite, Apt. #, etc.

3. Mailing Office Address

3931 Pepper P

Suite, Apt. #, etc.

City & State

Cocoa FL

City & State

Cocoa FL

Zip

32926

Country

Brevard

Zip

32926

Country

Brevard

4. State/Country of Formation

FLORIDA, USA

5. Date Organized or Qualified
To Do Business in Florida

8/31/07

6. FEI Number

Applied For

☒ Not Applicable

7. CERTIFICATE OF STATUS DESIRED ☒

**\$500 Additional Fee required
for a Certificate of Status**

8. Name and Address of Current Registered Agent

Name

ADAM SUDER

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

3931 Pepper Pl.

Suite, Apt. #, Etc.

City

COCOA

State

FL

Zip Code

32926

☐ 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

Adam Suder

REGISTERED AGENT MUST SIGN

Date

10-3-07

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
PRES.	Adam Suder	3931 Pepper Pl.	Cocoa, FL 32926
		FF \$200	
		REINSTATEMENT	
		2006-2007	
		10/11/07--01004--009 **60.00	
		Well	

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.

Signature of
Managing Member/Manager

Adam Suder

Date

10-3-07

Daytime Phone

(321) 639-1066

Typed or printed name of signing Managing Member/Manager

Adam Suder