

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**LIMITED LIABILITY
COMPANY
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED

2009 MAY -5 AM 11:12

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

300154588103

05/01/09--01002--012 **382.50
CR2E041 (10/08)

DOCUMENT # L 05000030143

1. Limited Liability Company's Name

Buchanan Painting, LLC

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

1617 Mauna Kea CT

Suite, Apt. #, etc.

3. Mailing Office Address

1617 Mauna Kea CT

Suite, Apt. #, etc.

City & State

Gulf Breeze, FL

Zip

32563

Country

USA

City & State

Gulf Breeze, FL

Zip

32563

Country

USA

4. State/Country of Formation

**5. Date Organized or Qualified
To Do Business in Florida**

03/28/2005

6. FEI Number

☐ 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

Thomas C Buchanan

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

1617 Mauna Kea Ct

Suite, Apt. #, Etc.

City

Gulf Breeze

State
FL

Zip Code

32563

☐ 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**

Thomas C Buchanan

REGISTERED AGENT MUST SIGN

Date 04/27/2009

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	Thomas C Buchanan	1617 Mauna Kea CT	Gulf Breeze, FL 32563
MGRM	Maura E Buchanan	1617 Mauna Kea CT	Gulf Breeze, FL 32563

REINSTATEMENT

05-09

AL 5-6-09

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 608.408, 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**

Thomas C Buchanan

Date 04/28/09

Daytime Phone # (850) 261-8225

Typed or printed name of signing Managing Member/Manager Thomas C. Buchanan