## PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

COMPANY REINSTATEMENT  LIMITED LIABILITY  Secretary of State  DIVISION OF CORPORATION						ate	FILED 10 MAR 30 AM H: 08		
DOCUMENT # L050000 42696  1. Limited Liability Company's Name							BECKETARY OF STATE TALLAHASSEE, FLORIDA		
DAVID WOLF PAINTING, LLC							100173443251 03/29/1001064007 **516.25 cr2E041 (11/09)		
	ess - No P.O. Box#	Mice Address				CRZED41 (11/09	,		
Suite, Apt. #	·	EPALM DR.	SAME Suite, Apt. #, etc.				4. State/Country of Formation US A		
Suite, Apr. 1	r, ciù	Called, Pripal III   Called				5. Date Organized or Qualified To Do Business in Florida 5-2-05			
City & State	EWAT	City & State				6. FEI Number  589347698  Applied For Not Applicable			
Zip 321	141	Country VSA	Zip	Country		7. CERTIFICATE OF STATUS DESIRED S5.00 Additional Fee required for a Certificate of Status			
8. Name and Address of Current Registered Agent							☐ 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.		
Name DAVID J. WOLF									
Street Address (P.O. Box Number is Not Acceptable)									
Suite, Apt. #, Etc. 19									
City State Zip Code FL 32/4/									
9. 1, being appointed the registered agent of the above named limited ligibility company, am familiar with and accept the obligations of Chapter 608, F.S.									
Signature of Registered Agent REGISTERED AGENT MUST SIGN							Date 3/24/10		
10. Names and Street Addresses of Managing Members/Managers									
Titles	Name of Managers			Street Address of Each Managing Member/Manager				City / Stat	e / Zip
Mar	DAVID T. WOLF			2304 DATE PALM DR.			pl.	EDGEWATER,	A 32141
					08-10				
KLINSIATEMENTA						18,10			
					iN1000015163				5163
11. E-mail Address:									
12. I certify that I am managing member/manager or the receiver or trustee empowered to execute this application as provided for in Chapter 808, F.S. I further certify that when filling 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 Date 3/24/13 Daytime Phone # 386-582-6056									
Typed or printed name of signing Managing Member/Manager									