

# 2007 LIMITED LIABILITY COMPANY REINSTATEMENT

# FILED

2007 MAR 19 AM 10:37

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA



03152007 REIN-LLC CR2E101 (1/07)

DOCUMENT # L05000042876					
1. Entity Name "HONEY-DO" PAINTING AND REMODELING L.L.C.					
Principal Place of Business 6050 S.E. C.R. 252 LAKE CITY, FL 32025			Mailing Address 6050 S.E. C.R. 252 LAKE CITY, FL 32025		
2. Principal Place of Business - No P.O. Box #		3. Mailing Address			
Suite, Apt. #, etc		Suite, Apt. #, etc			
City & State		City & State		4. FEI Number <b>260114097</b>	
Zip		Country		5. Certificate of Status Desired <input checked="" type="checkbox"/> \$5.00 Additional Fee Required	
6. Name and Address of Current Registered Agent			7. Name and Address of New Registered Agent		
DOUGALS, PHILLIP C III 6050 S.E. C.R. 252 LAKE CITY, FL 32025			Name		
			Street Address (P.O. Box Number is Not Acceptable)		
			City		FL
			Zip Code		
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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____					
<b>FILE NOW!!! FEE IS \$200.00</b>		Make check payable to Florida Department of State			
9. MANAGING MEMBERS/MANAGERS			10. ADDITIONS/CHANGES		
TITLE	MGRM <input type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	DOUGLAS, PHILLIP C III		NAME	<b>900094466849</b>	
STREET ADDRESS	6050 S.E. C.R. 252		STREET ADDRESS	03/22/07--01012--004 **205.00	
CITY-ST-ZIP	LAKE CITY, FL 32025		CITY-ST-ZIP		
TITLE	<input type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE	<input type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
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NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
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: <u>X Phillip C Douglas III</u>			3-14-07		
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE			Date		

REINSTATEMENT 06-07