

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**LIMITED LIABILITY
COMPANY
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED

2010 APR 12 AM 8:59

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

200173696022
03/30/10--01029--022 **277.50

CR2E041 (11/09)

DOCUMENT # LG5000050/45
1. Limited Liability Company's Name
D+K Paint and Trim, LLC

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

2902 Reynolds Rd

Suite, Apt. #, etc.

3. Mailing Office Address

Same

Suite, Apt. #, etc.

City & State

Alturas, FLORIDA

City & State

Zip

33830

Country

USA

Zip

Country

4. State/Country of Formation

FLORIDA / US

5. Date Organized or Qualified
To Do Business in Florida

5/19/05

6. FEI Number

59-3806091

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 BARBER

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

2902 Reynolds Road

Suite, Apt. #, Etc.

City

Alturas

State

FL

Zip Code

33830

☒ 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.

MOVED ADDRESS CHANGE

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

[Signature]

REGISTERED AGENT MUST SIGN

Date 3/24/10

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 |
|--------|--------------------------------------|---|--------------------|
| MEMBER | DAVID BARBER | 2902 Reynolds Rd | BARTOW, FL 33830 |
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| | | | |

REINSTATEMENT

08-10
04-13

200173696022
04/12/10--01003--006 **138.50

11. E-mail Address: 90906912000@yahoo.com

(To be used for future annual report notifications)

12. 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

[Signature]

Date

3/24/10

Daytime Phone #

863-228-6672

Typed or printed name of signing Managing Member/Manager