

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**LIMITED LIABILITY
COMPANY
REINSTATEMENT**



**FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS**

FILED

09 JUL 21 AM 11:55

**SECRETARY OF STATE
TALLAHASSEE, FLORIDA**

**500157699095
06/24/09--01045--005 **\$65.00**

DOCUMENT # L05000061837

1. Limited Liability Company's Name

Jeff Medlin Painting LLC
W09-31403

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

37645 LaRonge Dr.

Suite, Apt. #, etc.

3. Mailing Office Address

Same

Suite, Apt. #, etc.

City & State

Dade City, FL

City & State

Same

Zip

33525

Country

U.S.A.

Zip

Same

Country

U.S.A.

4. State/Country of Formation

FL. U.S.A.

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

June 2005

6. FEI Number

20-29-31033

☐ 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

Jeffery Medlin

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

37645 LaRonge Dr.

Suite, Apt. #, Etc.

City

Dade City

State

FL

Zip Code

33525

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 6-10-09

☐ 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.

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
<u>1</u>	<u>Jeff Medlin</u>	<u>37645 LaRonge Dr.</u>	<u>Dade city FL 33525</u>
<u>L. SELLERS</u>			
<u>JUL 22 2009</u>			
<u>EXAMINER</u>	<u>Note: I am the only managing member</u>		
	<u>manager</u>		
		<u>REINSTATEMENT</u>	<u>07-09</u>

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**

[Signature]

Date

7-10-09

Daytime Phone #

813-310-5678

Typed or printed name of signing Managing Member/Manager

Jeff Medlin