

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

LIMITED LIABILITY
COMPANY
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED

09 OCT 09 AM 10:00

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

500161539545
10/09/09--01024--002 \$4582.50
CR2041 (10/08)

DOCUMENT #

1. Limited Liability Company's Name

Baggett Painting, LLC
LO5000072059

08 ✓

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

305 Peachtree Cir

Suite, Apt. #, etc.

3. Mailing Office Address

305 Peachtree Cir

Suite, Apt. #, etc.

City & State

Santa Rosa Beach FL

Zip

32459

Country

USA

City & State

Santa Rosa Beach FL

Zip

32459

Country

USA

4. State/Country of Formation

Florida

5. Date Organized or Qualified
To Do Business in Florida

7/22/2005

6. FEI Number

203244873

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

Joel S. Baggett

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

305 Peachtree Cir

Suite, Apt. #, Etc.

City

Santa Rosa Beach

State

FL

Zip Code

32459

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

REGISTERED AGENT MUST SIGN

Date 10-7-09

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
MGR	Joel Baggett	305 Peachtree Cir	Santa Rosa Beach FL 32459

REINSTATEMENT

2008-2009
up 10/15/09

WLS

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

Date 10-7-09

Daytime Phone # 1-850-496-5109

Typed or printed name of signing Managing Member/Manager