

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION  
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE  
Secretary of State  
DIVISION OF CORPORATIONS

DOCUMENT # L 0500 0072144

1. Corporation Name

Big Diesel Painting, LLC

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

1057 Ocala Road

Suite, Apt. #, etc.

City & State

Tallahassee, FL

Zip

32304

Country

USA

3. Mailing Office Address

1057 Ocala Road

Suite, Apt. #, etc.

City & State

FL, Tallahassee, FL

Zip

32304

Country

USA

4. Date Incorporated or Qualified  
To Do Business in Florida

07/2005

5. FEI Number

20-4444908

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☐

\$8.75 Additional Fee required  
for a Certificate of Status

7. Name and Address of Current Registered Agent

Name

Emory Harmon

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

1057 Ocala Road

Suite, Apt. #, Etc.

City

Tallahassee,

State

FL

Zip Code

32304

☒ The 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 reinstatement  
fee be waived.

8. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of section 607.0505 or 617.0503, F.S.

Signature of

Registered Agent

*[Signature]*

Date

11/17/09

REGISTERED AGENT MUST SIGN

9. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)

Titles	Name of Officers and/or Directors	Street Address of Each Officer and/or Director	City / State / Zip
MEM	Emory Harmon	1057 Ocala Road	Tallahassee, FL 32304
MEM	Janice Jordan	120 S. 57th Street	Philadelphia, PA 19139
MEM	Jasmine Harris	9022 River Pine Dr.	Lordova, TN 38014

EXAMINER

NOV 18 2009

G. HAWKES

10. E-mail Address: overbrook89@hotmail.com

(To be used for future annual report notification)

11. I certify that I am an officer or director or the receiver or trustee empowered to execute this application as provided for in chapter 607 or 617, F.S. I further certify that when filing this reinstatement application, the reason for dissolution has been eliminated, the corporate name satisfies the requirements of section 607.0401 or 617.0401, F.S., that all fees owed by the corporation have been paid. I further certify 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:

*[Signature]*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

11/17/09

Daytime Phone #

850 284 3785

FILED  
09 NOV 17 PM 2:53  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

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