

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS

07 OCT 16 PM 3:28

LIMITED LIABILITY  
COMPANY  
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE  
Secretary of State  
DIVISION OF CORPORATIONS

DOCUMENT # L0500008161616

1. Limited Liability Company's Name

Flamingo Paint, LLC

200110869702  
10/16/07--01066--011 \*\*105.00  
CR2E041 (1/07)

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

179 FLAMINGO RD

Suite, Apt. #, etc.

3. Mailing Office Address

179 FLAMINGO RD

Suite, Apt. #, etc.

City & State

Edgewater FL.

City & State

Edgewater FL.

Zip

32141

Country

Volusia

Zip

32141

Country

Volusia

4. State/Country of Formation

Volusia Florida

5. Date Organized or Qualified To Do Business in Florida

9/01/05

6. FEI Number

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

JAMES REUTOR

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

179 FLAMINGO RD

Suite, Apt. #, Etc.

City

Edgewater

State

FL

Zip Code

32141

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.

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

*J Reutor*

REGISTERED AGENT MUST SIGN

Date 10/16/07

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
mgm	JAMES Reutor	179 FLAMINGO RD	Edgewater, FL 32141
<p><b>REINSTATEMENT 2007</b> <b>VOID</b></p>			

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

*J Reutor*

Date 10/16/07

Daytime Phone # 386-689-4238

Typed or printed name of signing Managing Member/Manager

JAMES Reutor