

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**LIMITED LIABILITY
COMPANY
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED

09 DEC 29 AM 10:12

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # L05000089374

1. Limited Liability Company's Name

The Painting Pros, LLC

200163992792
12/28/09--01058--012 **377.50

CR2E041 (11/09)

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

4227 Northlake Blvd.

Suite, Apt. #, etc.

3. Mailing Office Address

4227 Northlake Blvd.

Suite, Apt. #, etc.

4. State/Country of Formation

FLORIDA

5. Date Organized or Qualified
To Do Business in Florida

09/09/2005

6. FEI Number

203445305

Applied For

Not Applicable

7. CERTIFICATE OF STATUS DESIRED ☐

\$5.00 Additional Fee required
for a Certificate of Status

City & State

Palm Beach Gardens, FL

Zip

33410

Country

Palm Beach

City & State

Palm Beach Gardens, FL

Zip

33410

Country

Palm Beach

8. Name and Address of Current Registered Agent

Name

Solid Concepts, LLC

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

4227 Northlake Boulevard

Suite, Apt. #, Etc.

City

Palm Beach Gardens

State

FL

Zip Code

33410

☐ 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

REGISTERED AGENT MUST SIGN

Date 12/24/2009

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
MGRM	ARANDA, Tonya L.	4227 Northlake Blvd.	Palm Beach Gardens, FL 33410

11. E-mail Address: Mike@SolidConceptsLLC.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 Tonya L. Aranda

Date 12/24/2009

Daytime Phone # 561-722-6212

Typed or printed name of signing Managing Member/Manager