FILED

## COMPANY REINSTATEMENT



## FLORIDA DEPARTMENT OF STATE Secretary of State

REINSTATEMENT DIVISION OF CORPORATIONS			08 001 29 PM 12: 13	
DOCUMENT # L0600001224  1. Limited Liability Company's Name			ETARY OF STATE HASSEE FLORIDA	
Fauxnominal Decorative Painters LLC		90 10/13	900136866979 10/13/0801027012 **138,75	
			CR2E041 (12/07)	
2. Principal Office Address - No P.O. Box # 1820 Kings Lake Blud	3. Mailing Office Address 1820 Kings Lake Blud	4. State/Cour	ntry of Formation	
Suite, Apt. #, etc.   Si	Suite, Apt. #, etc. #104	Napl.	es FL nized or Qualified iness in Florida 1/4/200 6	
<del> </del>	Sity & State  Navoles FL	6. FEI Numb	er Applied For	
Zip Country Zi	Country 3411 2	7. CERTIFICATI	S5.00 Additional Fee required for status DESIRED in the local Certificate of Status	
8. Name and Address of Current Registered Agent				
Name Carolyn B.MacAndrew			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	
Street Address (P.Ö. Box Number is Not Acceptable)		receive		
Suite, Apt. #, Etc. #104		not re		
City Naples	State Zip Code	reinsta	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 Date 10/5/08  REGISTERED AGENT MUST SIGN				
10. Names and Street Addresses of Managing Members/Managers				
Titles Name of Managing Members/Managers	Street Address of E Managing Member/M		City / State / Zip	
mgrm Carolyn MacAndrew	1820 Kings Lake Bl	ud#104	Naples FC 34112	
		10727/	0137327122 0801058015 **143.75	
REINSTATEMENT 07-08				
			W08000047583	
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 Mg/m C/S Date 10/7/08 Daytime Phone # 401-829-0448  Typed or printed name of signing Managing Member/Manager Mg/m Carolyn B. MacAndre W				
Typed or printed name of signing Managing Member/Manager Mgm Carolyn B. Mac Andre w				