2008 LIMITED LIABILITY COMPANY REINSTATEMENT

DOCUMENT# L06000004939

Entity Name: COUSING PAINTING, LLC.

FILED Jan 19, 2008 Secretary of State

Current Principal Place of Business:

11001 OLD ST. AUGUSTINE RD.

320

JACKSONVILLE, FL 32257

Current Mailing Address:

11001 OLD ST. AUGUSTINE RD.

JACKSONVILLE, FL 32257

320

FEI Number: 20-4104504 FEI Number Applied For ()

In accordance with s. 607.193(2)(b), F.S., the limited liability company did not receive the prior notice. Name and Address of Current Registered Agent:

DURANGO, ANDRES 11001 OLD ST. AUGUSTINE RD.

320 JACKSONVILLE, FL 32257 US

New Principal Place of Business:

4802 WANDERING PINES TRAIL NORTH

JACKSONVILLE, FL 32258

New Mailing Address:

FEI Number Not Applicable ()

4802 WANDERING PINES TRAIL NORTH

JACKSONVILLE, FL 32257

Certificate of Status Desired ()

Name and Address of New Registered Agent:

DURANGO, ANDRES

4802 WANDERING PINES TRAIL NORTH

JACKSONVILLE, FL 32258

The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

SIGNATURE: ANDRES DURANGO

Electronic Signature of Registered Agent

Date

01/19/2008

MANAGING MEMBERS/MANAGERS:

MGRM () Delete

DURANGO, ANDRES Name: 11001 OLD ST. AUGUSTINE RD. 320 Address: City-St-Zip: JACKSONVILLE, FL 32257 US

Title: MGRM () Delete

Name: BEDOYA, CESAR

Address: 11001 OLD ST. AUGUSTINE RD. 320 City-St-Zip: JACKSONVILLE, FL 32257 US

Title: MGRM () Delete BEDOYA, JOHNSON Name:

11001 OLD ST. AUGUSTINE RD. 320 Address:

City-St-Zip: JACKSONVILLE, FL 32257 US ADDITIONS/CHANGES:

Title: (X) Change () Addition

DURANGO, ANDRES Name:

Address: 4802 WANDERING PINES TRAIL NORTH

City-St-Zip: JACKSONVILLE, FL 32258 US

(X) Change () Addition Title: MGRM

Name: BEDOYA, CESAR

Address: 4802 WANDERING PINES TRAIL NORTH

City-St-Zip: JACKSONVILLE, FL 32258 US

Title: MGRM (X) Change () Addition

Name: BEDOYA, JOHNSON

4802 WANDERING PINES TRAIL NORTH Address:

City-St-Zip: JACKSONVILLE, FL 32258 US

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my electronic signature shall have the same legal effect as if made under oath; that I am a managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

SIGNATURE: ANDRES DURANGO **MGRM** 01/19/2008