

2008 LIMITED LIABILITY COMPANY REINSTATEMENT

DOCUMENT# L06000017230

Entity Name: BUSCEMI PAINTING, LLC

FILED
Jun 09, 2008
Secretary of State

Current Principal Place of Business:

3339 HANDY ROAD, #927
TAMPA, FL 33618

New Principal Place of Business:

2105 WEST DALLAS AVE.
TAMPA, FL 33603

Current Mailing Address:

400 FRANDORSON CIRCLE, SUITE 103
APOLLO BEACH, FL 33572

New Mailing Address:

2105 WEST DALLAS AVE.
TAMPA, FL 33603

FEI Number: 20-4390235 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired (X)
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:

SPIEGEL & UTRERA, P.A.
1840 SW 22ND ST.
4TH FLOOR
MIAMI, FL 33145 US

Name and Address of New Registered Agent:

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: TIMOTHY HEALY

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:

Title: MGR () Delete
Name: BUSCEMI, MIKE
Address: 3339 HANDY ROAD, #927
City-St-Zip: TAMPA, FL 33618

Title: ST (X) Delete
Name: BUSCEMI, MIKE
Address: 3339 HANDY ROAD, #927
City-St-Zip: TAMPA, FL 33618

ADDITIONS/CHANGES:

Title: MGR (X) Change () Addition
Name: BUSCEMI, MIKE
Address: 2105 WEST DALLAS AVE.
City-St-Zip: TAMPA, FL 33603

Title: () Change () Addition
Name:
Address:
City-St-Zip:

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: MICHAEL BUSCEMI

MGR.

06/09/2008

Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date