


PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

LIMITED LIABILITY COMPANY REINSTATEMENT		 FLORIDA DEPARTMENT OF STATE Secretary of State DIVISION OF CORPORATIONS		FILED SECRETARY OF STATE DIVISION OF CORPORATIONS 08 DEC 23 PM 12:32	
DOCUMENT # L06000020605					
1. Limited Liability Company's Name <b>WE PAINT IT ALL II, LLC</b>					
2. Principal Office Address - No P.O. Box # 11464 CISCO GARDENS RD., N. Suite, Apt. #, etc.		3. Mailing Office Address 11464 CISCO GARDENS RD., N. Suite, Apt. #, etc.		4. State/Country of Formation FLORIDA/U.S.A.	
City & State JACKSONVILLE, FLORIDA		City & State JACKSONVILLE, FLORIDA		5. Date Organized or Qualified To Do Business in Florida 02/24/2006	
Zip 32219	Country U.S.A.	Zip 32219	Country U.S.A.	6. FEI Number 20-4372308	Applied For Not Applicable
8. Name and Address of Current Registered Agent Name ERIC A. OLIVERA Street Address (P.O. Box Number is Not Acceptable) 11464 CISCO GARDENS RD., N. Suite, Apt. #, Etc. City JACKSONVILLE State FL Zip Code 32219				7. CERTIFICATE OF STATUS DESIRED <input type="checkbox"/> \$5.00 Additional Fee required for a Certificate of Status <input checked="" type="checkbox"/> 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: <u>See below</u> Date: 12-16-08 REGISTERED AGENT MUST SIGN					
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	
MGR	ERIC A. OLIVERA	11464 CISCO GARDENS RD., N.		JACKSONVILLE, FLORIDA 32219	
REINSTATEMENT 2007-08					
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: <u>[Signature]</u> Date: 12-16-08 Daytime Phone # (904)764-0816 Typed or printed name of signing Managing Member/Manager: ERIC A. OLIVERA					