

416.25

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

LIMITED LIABILITY
COMPANY
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED

TO MAR 26 PM 3:36

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # L06000021397

1. Limited Liability Company's Name

Pressure "I" Painting LLC

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

5008 Whitaker St

Suite, Apt. #, etc

3. Mailing Office Address

Same

Suite, Apt. #, etc

City & State

Panama City, FL

Zip

32404

Country

US

City & State

Zip

Country

4. State/Country of Formation

FL

5. Date Organized or Qualified
To Do Business in Florida

2-28-06

6. FEI Number

11-3735560

Applied For

Not Applicable

7. CERTIFICATE OF STATUS DESIRED ☐

\$5.00 Additional Fee required
for a Certificate of Status

8. Name and Address of Current Registered Agent

Name

Paxton Riley

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

5008 Whitaker St

Suite, Apt. #, Etc.

8

City

Panama City

State

FL

Zip Code

32404

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

Paxton Riley

REGISTERED AGENT MUST SIGN

Date

☒ 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.

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
MR	Paxton Riley	5008 Whitaker St	Panama City, FL 32404

REINSTATEMENT

2008-2010

11. E-mail Address

(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

Paxton Riley

Date 3-26-10

Daytime Phone # (850) 624-0206

Typed or printed name of signing Managing Member/Manager

Hampton MAR 26 2010