L06000022991

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

LIMITED LIABILITY COMPANY REINSTATEMENT

FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED
09 MAR 30 PM 2:45
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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03/30/09--01026--025 **416.25

CR2E041 (10/08)

DOCUMENT #

1. Limited Liability Company's Name
PRECISION PAINT REMOVAL LLC
L06000022991 07

2. Principal Office Address - No P.O. Box #
8140 THAMES BLVD #320
Suite, Apt. #, etc.
City & State
BOCA RATON FLORIDA
Zip 33433 Country USA

3. Mailing Office Address
Suite, Apt. #, etc.
City & State
Zip Country

4. State/Country of Formation

5. Date Organized or Qualified To Do Business in Florida 02-0654987

6. FEI Number ☐ Applied For ☐ Not Applicable

7. CERTIFICATE OF STATUS DESIRED ☐ $6.00 Additional Fee Required for a Certificate of Status

8. Name and Address of Current Registered Agent
Name
THEODOROS AXIOTOS
Street Address (P.O. Box Number is Not Acceptable)
8140 THAMES BLVD. #320
Suite, Apt. #, Etc.
City BOCA RATON State FL Zip Code 33433

☒ 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 T Theodoros Axiotos
REGISTERED AGENT MUST SIGN
Date 3-24-09

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
MBR	THEODOROS AXIOTOS	8140 THAMES BLVD #320 BOCA RATON FL. 33433	BOCA RATON FL. 33433

REINSTATEMENT 2007-2009

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 T Theodoros Axiotos 3-24-09 Daytime Phone # 561-445-0753

Typed or printed name of signing Managing Member/Manager THEODOROS AXIOTOS