


2008 LIMITED LIABILITY COMPANY REINSTATEMENT

DOCUMENT # L06000023146 1. Entity Name DONALD TILLEY PAINTING LLC	
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FILED

08 DEC 31 PM 2:56

**SECRETARY OF STATE
TALLAHASSEE, FLORIDA**

Principal Place of Business 2636 MISSION RD., #129 TALLAHASSEE, FL 32304	Mailing Address 2636 MISSION RD., #129 TALLAHASSEE, FL 32304
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2. Principal Place of Business - No P.O. Box #	3. Mailing Address
Suite, Apt #, etc.	Suite, Apt #, etc.

10272008 REIN-LLC CR2E101 (1/07)

City & State	City & State	4. FEI Number 26-4458839	Applied For <input type="checkbox"/> Not Applicable
Zip	Country	Zip	Country

5. Certificate of Status Desired <input type="checkbox"/>	\$5.00 Additional Fee Required
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6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
TILLEY, DONALD 2636 MISSION RD., #129 TALLAHASSEE, FL 32304	Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code

8. 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE: Donald Tilley (NOTE: Registered Agent signature required when reinstating) DATE: 12-31-08

FILE NOW!!! FEE IS \$138.75 After January 1, 2009, Fee will be \$277.50	in accordance with s. 607.193(2)(b), F.S., the limited liability company did not receive the prior notice.	Make check payable to Florida Department of State
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9. MANAGING MEMBERS/MANAGERS			10. ADDITIONS/CHANGES		
TITLE	MGRM <input type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	TILLEY, DONALD		NAME	200139408772	
STREET ADDRESS	2636 MISSION RD., #129		STREET ADDRESS	01/05/09--01002--005 **138.75	
CITY-ST-ZIP	TALLAHASSEE, FL 32304		CITY-ST-ZIP		
TITLE	<input type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE	<input type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE	<input type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		

REINSTATEMENT

2008

11. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my 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: Donald Tilley DATE: 12-31-08 DAYTIME PHONE #: 850-556-3571

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #