

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**LIMITED LIABILITY
COMPANY
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED

10 JUL -7 PM 3:45

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **L06000023682**

1. Limited Liability Company's Name

WILLIAM K. STALCUP PAINTING, LLC

CR2E041 (05/10)

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

259 MONTEREY AVE.

Suite, Apt. #, etc.

3. Mailing Office Address

259 MONTEREY AVE.

Suite, Apt. #, etc.

City & State

ST. AUGUSTINE, FL

City & State

ST. AUGUSTINE, FL

Zip

32084

Country

ST. JOHNS

Zip

32084

Country

ST. JOHNS

4. State/Country of Formation

USA

5. Date Organized or Qualified
To Do Business in Florida

3-3-06

6. FEI Number

41-2202583

☐ 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

WILLIAM K. STALCUP

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

259 MONTEREY AVE.

Suite, Apt. #, Etc.

City

ST. AUGUSTINE

State

FL

Zip Code

32084

400182837194
07/01/10--01061--008 **516.25

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

William K. Stalcup

REGISTERED AGENT MUST SIGN

Date **6-28-2010**

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	WILLIAM K. STALCUP	259 MONTEREY AVE	ST. AUGUSTINE, FL 32084
	L. SELLERS		
	JUL - 8 2010		
	EXAMINER	REINSTATEMENT	08-2010

11. E-mail Address: **STALCUP.6@GMAIL.COM**

(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

William K. Stalcup

Date **6-28-10**

Daytime Phone #

904-826-7927

Typed or printed name of signing Managing Member/Manager

WILLIAM K. STALCUP