

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATION

08 FEB 19 PM 1:22

**LIMITED LIABILITY  
COMPANY  
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE  
Secretary of State  
DIVISION OF CORPORATIONS

DOCUMENT # **L06 000049937**

1. Limited Liability Company's Name

**Dan Billingsley Painting LLC**

CR2E041 (12/07)

<b>2. Principal Office Address - No P.O. Box #</b> 7 Riviera Estates Dr Suite, Apt. #, etc.		<b>3. Mailing Office Address</b> 7 Riviera Estates Dr Suite, Apt. #, etc.	
City & State Palm Coast FL		City & State Palm Coast FL	
Zip 32164	Country USA	Zip 32164	Country USA

<b>4. State/Country of Formation</b> Florida	
<b>5. Date Organized or Qualified To Do Business in Florida</b> 7/3/06	
<b>6. FEI Number</b> 204965782	Applied For <input type="checkbox"/> Not Applicable <input type="checkbox"/>
<b>7. CERTIFICATE OF STATUS DESIRED</b> <input type="checkbox"/> \$5.00 Additional Fee required for a Certificate of Status	

<b>8. Name and Address of Current Registered Agent</b>			
Name Dan Billingsley			
Street Address (P.O. Box Number is Not Acceptable) 7 Riviera Estates Dr			
Suite, Apt. #, Etc.			
City Palm Coast	State FL	Zip Code 32164	

☒ 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 *Dan Lee Billingsley* Date 2/12/08  
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
MGRM	Dan Billingsley	7 Riviera Estates Dr	Palm Coast. FL 32164

700118290937  
02/19/08--01006--004 \*\*277.50

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 *Dan Lee Billingsley* Date 2/12/08 Daytime Phone # 904-347-4982  
Typed or printed name of signing Managing Member/Manager Danny Lee Billingsley