

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**LIMITED LIABILITY
COMPANY
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED

2008 OCT -3 PM 2:38

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # L06000088163

1. Limited Liability Company's Name

RILEY'S PAINTING, LLC

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

785 OAKLEAF PLANTATION

Suite, Apt. #, etc.

#422

City & State

ORANGE PARK, FL

Zip

32065

Country

USA

3. Mailing Office Address

SAME

Suite, Apt. #, etc.

City & State

4. State/Country of Formation

FLORIDA

5. Date Organized or Qualified

To Do Business in Florida **9/6/06**

6. FEI Number

20-5426327

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

MARION U WEHNER, EA

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

515 COLLEGE DR

Suite, Apt. #, Etc.

City

MIDDLEBURG

State

FL

Zip Code

32068

☒ A \$100 reinstatement fee is imposed, except in circumstances where 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

Justin M Riley
REGISTERED AGENT MUST SIGN

Date **9/29/08**

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	JUSTIN M RILEY	785 OAKLEAF PLANTATION #422	ORANGE PARK, FL 32065
			100138534141 10/01/08--01045--005 **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

Justin M Riley

Date **9/29/08**

Daytime Phone #

Typed or printed name of signing Managing Member/Manager **JUSTIN M RILEY**