16000

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

		<u> </u>		
COMPANY REINSTATEMENT COMPANY Secretary of State DIVISION OF CORPORATIONS			2008 OCT 21 SECRETAR TALLAHASS	
DOCUMENT # LOG 0009 4474 1. Limited Liability Company's Name StS STRIPING AND SIGN LIMITED LIABILITY COMPAN)		*w)	TARY OF STATE OF BEEN TO THE CORNER OF STATE OF	
2. Principal Office Address - No P.O. Box #	incipal Office Address - No P.O. Box # 3. Mailing Office Address		0.30	
183 NE TOU BLEN	SAME	4. State/Cou	entry of Formation	
Suite, Apt. #, etc.	Suite, Apt. #, etc.		FL.	
			anized or Qualified 9-24-04	
City & State	& State City & State		per Applied For	
CALL CAPY 120		120-5	Not Applicable	
22055 Country Country	Zip Country	7. CERTIFICAT	S 5.00 Additional Fee required for a Certificate of Status	
8. Name and Address of	Current Registered Agent			
Name Stanley Mathis TIZ			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	
Street Address (P.O. Box Number is Not Acceptable)				
Suite, Apt. #, Etc.			not received and requesting the \$100	
City Lake Coty FL 32055			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 Date 9-18-08 REGISTERED AGENT MUST SIGN				
10. Names and Street Addresses of Managing Members/Managers				
Titles Name of Managing Members/Manage	Street Address of Managing Member		City / State / Zip	
MOR STANLEY MALLYS JR 183 NE JOY GLEN LAKE CIJ, M 32055			LALE City, M 32055	
MGRM JASON MARNIS 9602 HOGAN RD		RD	WEUSDEN, TL 32616	
		d)	101 1 00 00 a a o a	
		09/2	00136224404 2/0801066002 **130.00	
REINSTATEMENT 2	2008		00136224404 9/0801005006 **147.50	
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 filling 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 Manager & S. J. J. Mut. Date 9-18-08 Daytime Phone # 386-288-0520				
Typed or printed name of signing Managing Member/Manager				



OBOCT 28 PH 12: 07
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

October 16, 2008

S&J STRIPING AND SIGN LIMITED LIABILITY COMPANY 183 NE JOY GLEN LAKE CITY, FL 32055

SUBJECT: S&J STRIPING AND SIGN LIMITED LIABILITY COMPANY

Ref. Number: L06000094474

We have received your document for S&J STRIPING AND SIGN LIMITED LIABILITY COMPANY and check(s) totaling \$130.00. However, the document has not been filed and is being retained in this office for the following reason(s):

There is a balance due of \$147.50. Refer to the attached fee schedule for the breakdown of fees. Please return a copy of this letter to ensure your money is properly credited.

Please return a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6855.

Letter Number: 808A00051428

Tammy Hampton Regulatory Specialist II

Division of Corporations - P.O. BOX 6327 - Tallahassee, Florida 32314