


PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

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|--|-----------------------------------|---|--------------------------|--|-------------------------------|
| LIMITED LIABILITY COMPANY REINSTATEMENT | |  FLORIDA DEPARTMENT OF STATE Secretary of State DIVISION OF CORPORATIONS | | FILED 09 NOV 25 PM 2: 12 SECRETARY OF STATE TALLAHASSEE, FLORIDA 300162954843 11/19/09--01030--009 **282.50 CR2E041 (11/09) | |
| DOCUMENT # L060001050696 | | | | | |
| 1. Limited Liability Company's Name Bob Roberts Painting & Decorating LLC 2101 East New York Avenue Deland, FL 32724 | | | | | |
| 2. Principal Office Address - No P.O. Box # 2101 E. New York Ave Suite, Apt. #, etc. | | 3. Mailing Office Address 2101 E. New York Ave Suite, Apt. #, etc. | | 4. State/Country of Formation Florida, USA | |
| City & State Deland, FL | | City & State Deland, FL | | 5. Date Organized or Qualified To Do Business in Florida | |
| Zip 32724 | Country USA | Zip 32724 | Country USA | 6. FEI Number | Applied For Not Applicable |
| 7. CERTIFICATE OF STATUS DESIRED <input checked="" type="checkbox"/> | | | | \$5.00 Additional Fee required for a Certificate of Status | |
| 8. Name and Address of Current Registered Agent | | | | | |
| Name Robert G. Roberts | | | | | |
| Street Address (P.O. Box Number is Not Acceptable) 2101 E. New York Ave | | | | | |
| Suite, Apt. #, Etc. | | | | | |
| City Deland | | State FL | Zip Code 32724 | | |
| 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 Robert G. Roberts | | | | Date 11-16-09 | |
| 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 | Robert G Roberts | 2101 E New York Ave | | Deland, FL 32724 | |
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| JB | | | | | |
| REINSTATEMENT 2008-09 | | | | | |
| 11. E-mail Address: brotherbob1958@yahoo.com <small>(To be used for future annual report notifications)</small> | | | | | |
| 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 808.406, 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 Robert G. Roberts | | | | Date 11-16-09 Daytime Phone # 386-717-4548 | |
| Typed or printed name of signing Managing Member/Manager Robert G. Roberts | | | | | |