PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

LIMITED LIABILITY COMPANY REINSTATEMENT FLORIDA DEPARTMENT OF STATE Secretary of State DIVISION OF CORPORATIONS			FILED SECRETARY OF STATE DIVISION OF CORPORATIONS 11 DEC 30 AM 10: 24		
DOCUMENT # LO6000116925 1. Limited Liability Company's Name					
ERICS PAINTING LLC			900215678489 12/30/1101023010 **238.75 CR2E041 (1/11)		
2. Principal Office Address - No P.O. Box # 3. Mailing Off 9470 S.W. 77th Ave 947 Suite, Apt. #, etc. Suite, Apt. #, etc.		76 S.W. 77 HAVE		4. State/Country of Formation	
Suite, Apt. #, etc. Suite, Apt. #, AP4		5. Date		ized or Qualified ness in Florida 12 - 5 - 2006	
City & State MIAMI, FL	City & State MIAM?	6. FEI Num		r Applied For	
Zip Country 33156 MiAmi Dave	^{Zip} 33156	Country MANI DADE	7.	787726 Not Applicable OF STATUS DESIRED 55.00 Additional Fee required for a Certificate of Status	
8. Name and Address of Current Registered Agent					
Name C			E-mail Address:		
Street Address (P.O. Box Number is Not Acceptable)			ERICS PAINTING LLC &		
9470 5.W. 77# Ave Suite, Apt #, Etc.			HOTMAIL. COM		
AP+ 0-3					
City Miam i		FL 33/56	(To be used for future annual report notices)		
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 Registered Agent MUST SIGN Date 12-27-2011					
10. Names and Street Addresses of Managing Members/Managers					
Titles Name of Managing Members/ Manag	ers	Street Address of Each Managing Member/Manager		City / State / Zip	
MGR Richter, ERIC L		9470 S.W. 77*AUE		Migmi Fla 33156	
		AND 40 MAR 4 T + 1 S T T T T T T T T T T T T T T T T T T			
REINSTATEMENT	1011		**************************************		
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. I am aware that false information submitted in a document to the Department of State constitutes a third degree felony as provided for in s.817.155, F.S. Signature of Managing Member/Manager Date 12-27-2011. Daytime Phone # 305-510-8967					
Typed or printed name of signing Managing Member/Manager					